



FY 2022 Annual Progress and Services Report June 2021

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Table of Contents

C1. COLLABORATION AND VISION	3
C2. UPDATE TO THE ASSESSMENT OF PERFORMANCE	78
C3. UPDATE TO THE PLAN FOR ENACTING THE STATE’S VISION	287
C4. QUALITY ASSURANCE SYSTEM.....	287
C5. UPDATE ON SERVICES.....	287
C6. CONSULTATION AND COORDINATION BETWEEN CFSA AND TRIBES.....	365
D. Child abuse prevention and treatment act (capta) state plan requirements and Updates.....	367
F. statistical and supporting information.....	390
G. Financial information.....	394

C1. COLLABORATION AND VISION

STATE AGENCY ADMINISTERING IV-B PROGRAMS

The District of Columbia (DC) Child and Family Services Agency (CFSA or Agency) has the unique function of providing both local and “state” child welfare functions for the jurisdiction. CFSA is also the public child welfare agency charged with the legal authority and responsibility to administer programs under Titles IV-B and IV-E of the Social Security Act. Comprising six administrations and 764 employees, CFSA provides both in-home and out-of-home services to enhance the safety and well-being of abused, neglected, and at-risk children and their families (see attached Agency Organizational Chart).¹

As a cornerstone of practice, CFSA has long held the vision of children and families as being stable and thriving within their communities. To effectuate these values, all CFSA administrations dovetail their individual practice areas within the Agency’s Four Pillar Strategic Framework (see Vision Statement following). Established in 2012, the framework serves as the foundation for the development and implementation of the 2020-2024 Child and Family Services Plan (CFSP). Also essential for CFSP’s development is the engagement and participation of CFSA’s stakeholders, each of whom is invested in the success of this long-term strategic plan.

INFORMING THE ANNUAL PROGRESS AND SERVICES REVIEW UPDATES

To inform the development of the CFSP and the updates to the Annual Progress and Services Report, CFSA utilizes multiple methods to obtain information and feedback from a variety of stakeholders, including feedback from committees, advisory boards, focus groups, surveys, and other forums. All updates are in red font to differentiate from the FY 2020 submission.

As a part of continuous quality improvement and resource planning, the annual Needs Assessment examines the quality and effectiveness of services and supports and assesses the extent to which these resources are facilitating the implementation of the values-based Four Pillars Strategic Framework. The Needs Assessment also provides a detailed look at data to assist Agency decision-makers when developing those resources and services that are essential to improving the safety, permanency, and well-being of DC children and families.

In addition to data analysis, the 2019 Needs Assessment considers the collective voices of youth, teen parents, birth mothers and fathers, as well as traditional, adoptive, and kinship caregivers,²

¹ For purposes of this document, the terms “child” and “children” are inclusive of birth through age 20.

² The terms “resource parent” and “resource provider” are often inclusive of traditional resource parents, kinship caregivers, and pre-adoptive or adoptive parents.

all of whom are key stakeholders in the decisions surrounding the future of the District's child welfare system, and hence in the development of the CFSP. Through ongoing focus groups, interviews and surveys, these stakeholder groups will continue to be active participants in the monitoring of the Agency's progress over the course of the coming five years. Resource parents continue to be a prominent voice in the identification of needed resources for children and families achieving permanency.

Regarding data collection, CFSA's Office of Policy, Planning and Program Support (OPPPS) collaborates with the Agency's Child Welfare Information Administration (CISA) to gather and analyze data from the Agency's child welfare information system, known locally as FACES.NET. As a web-based system, FACES.NET functions as the central repository for all client-level information in the District. It operates uniformly throughout the District and encompasses all geographical and political subdivisions. The child-specific information therein includes child status, demographic characteristics, location, and goals for placement for every child in foster care. All data is readily retrievable by CFSA and CFSA-contracted private agency staff, irrespective of the geographic location of the FACES.NET user.

In addition to the above, under the purview of OPPPS, the Performance Accountability and Quality Improvement Administration (PAQIA) provides data analyses in partnership with data analysts from CFSA's programmatic areas. Cooperatively, OPPPS, CISA, and PAQIA are equally invested in the use of data to inform shared goals and activities, and the assessment of outcomes for children and families in the District's child welfare system.

FY 2022 APSR Update

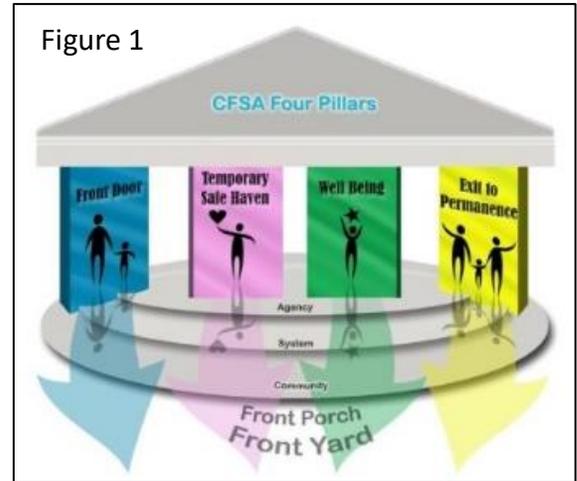
As April 1, 2021, there were 751 CFSA employees within six administrations. An updated Agency Organizational Chart is attached.

During FY 2020, CFSA created a Program Outcomes Unit that focuses on data analysis at the program level. The unit, comprised of most programmatic data analysts, partners with the data analysts within PAQIA who focus on system level analysis. Cooperatively, PAQIA and the Planning Unit (both within OPPPS), CISA, the Program Outcomes Unit, and any other data analysts embedded in the program areas are equally invested in the use of data to inform shared goals and activities, and the assessment of outcomes for children and families in the District's child welfare system.

VISION STATEMENT

Children and families are stable and thriving within their communities.

CFSA's mission is to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families. To achieve this mission, the 2020-2024 CFSP has outlined the goals, objectives and measures of progress that emerged out of the Four Pillar Strategic Framework. Each pillar represents a distinct area along the child welfare continuum and features a values-based foundation, a set of evidence-based strategies, and a series of specific outcome targets. Aligned to support a coordinated service-delivery system, the following key values undergird each pillar:



- ▶ **Front Door:** The goal is to narrow the Front Door. Children deserve to grow up with their families and should be removed only as the last resort. When CFSA must remove a child for safety, the Agency seeks to place with relatives first.
- ▶ **Temporary Safe Haven:** Foster care is a good interim place for children to live while CFSA works to get them back to a permanent home as quickly as possible. Planning for a safe exit begins as soon as a child enters the system.
- ▶ **Well-Being:** Every child has a right to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement. Children should leave foster care better than when they entered.
- ▶ **Exit to Permanence:** Every child and youth exits foster care as quickly as possible for a safe, well-supported family environment or life-long connection. Older youth have the skills they need to succeed as adults.

As noted in Figure 1, CFSA's Four Pillars Strategic Framework includes the Front Yard, Front Porch, and Front Door as a continuum of service interventions designed to meet families' needs and prevent child abuse and neglect across the child welfare system.

- ▶ **Front Yard:** Families in CFSA's Front Yard are not involved with CFSA but may demonstrate potential risk factors for involvement. Primary prevention efforts are designed to ensure children and families in the CFSA's Front Yard are supported in their communities.

- ▶ **Front Porch:** Families at CFSA's Front Porch may have engaged with CFSA, but have been able to safely remain, or reunify with their families, and receive community-based prevention services offered by CFSA's partnership with DC's Healthy Families/Thriving Communities Collaboratives partners (Collaboratives).
- ▶ **Front Door:** Families engaged at CFSA's Front Door have an open case with CFSA. Whenever possible, CFSA prioritizes keeping families together and working with parents and children in their communities.

PREVENTION

CFSA continues its multi-faceted, 20-year plus partnership with the Collaboratives, which involves various activities within the prevention and intervention continua. The five Collaboratives are strategically located in District neighborhoods that have high representation of families in contact with the child welfare system. The Collaboratives provide an array of essential core services, including case management, information resource, referrals and linkage, as well as specialized services (such as parent education and support programming) to meet the needs of both CFSA-involved and all children, youth and families.

Putting Families First in DC (Title IV-E Prevention Program Five-Year Plan)

For the past decade, CFSA has been on a journey of transformation, moving purposefully away from a system primarily focused on foster care to an agency that supports and strengthens families. Back in fiscal year (FY) 2010, children in foster care numbered 2,092 while today, the Agency has fewer than 900 children in foster care, even though the city's population has grown by 100,000 within the same time frame. CFSA believes that its investments in community-based prevention and its partnerships with sister health and human services agencies significantly contributed to this 60 percent reduction in foster care cases.

With CFSA's understanding of its populations, the Agency has been able to effectively tailor services to needs, and to identify additional resources needed to prevent child abuse and neglect. Demographics and family histories are crucial to CFSA's recognition of family needs. For example, the median family receiving prevention services has three children. Almost half (45 percent) of the caregivers are between the ages of 31-40, followed closely by 21-30-year-old caregivers (30 percent). Additionally, results from CFSA's recent 2019 Needs Assessment indicated three dominant historical or generational risk factors for families receiving prevention services: 1) the family is often at risk of homelessness, 2) the family is connected to and receiving supports from the District's Department of Disability Services or, 3) the parents were former pregnant or parenting youth in foster care.

CFSA maximized its efforts to address these and other risk factors by tailoring prevention strategies with funding from the Agency's successful bid for the time-limited Title IV-E Waiver demonstration project. More recently, the enactment of the Family First Prevention Services Act (Family First) has provided an opportunity to bridge the end of the Waiver with a holistic District prevention strategy – but only if coupled with a broader primary prevention plan. When CFSA launched its Family First Prevention Work Group in June 2018 with a cross-sector of government and community members, the charge was clear: develop a citywide strategy to strengthen and stabilize families. The plan was not to be driven by Family First, but rather to leverage new opportunities provided by Family First as part of a comprehensive approach to family and child well-being.

The proposed plan to the Children's Bureau represents CFSA's five-year prevention plan in accordance with Family First. The plan also describes the broader context of the District's new citywide Families First DC initiative, building on the substantial progress made over the past decade. The plan further reinforces the successes garnered through the implementation of CFSA's Waiver and capitalizes on the critical lessons learned to better meet the needs of DC's children, youth, and families. CFSA submitted its plan in April 2019 and is currently awaiting approval from the Children's Bureau for putting the District's Family First Prevention Plan into effect.

FY 2022 APSR Update

As of March 31, 2021, there were 648 children in foster care while 1259 children remained at home and received in-home services. This is a decrease in both populations from a year ago when there were 731 children in foster care and 1483 children receiving in-home services.

CFSA is now in year two of the five-year plan implementation for Family First. In 2020, CFSA submitted its revised plan amendment which was approved by the Children's Bureau to add Motivational Interviewing (MI). This afforded the Agency the opportunity to claim and bill for these services in its work with children and families. Additionally, over the past year there have been technical system enhancements to track referrals and child-specific prevention plans submitted by social workers on behalf of families and children as well as ongoing Continuous Quality Improvement (CQI) activities to improve business processes and data quality concerns. Additional information on Family First implementation is discussed in the *Service Coordination* section in this report.

FY 2021 APSR Update

The District is continuing its trajectory of reducing the number of children in care. As of March 31, 2020, there were 731 children in foster care while 1,483 children remained at

home and received in-home services. This 2020 number of children in foster care is a decrease from a year ago whereby on March 31, 2019 when there were 867 children in foster care. There has been a slight increase (n=62) from 2019 when 1,421 children were receiving in-home services.

In October 2019, the District became the first jurisdiction in the nation with a federally approved Title IV-E Prevention Plan, allowing the Agency to smoothly transition from the end of the Title IV-E Waiver Demonstration Project to federal claiming for eligible evidence-based prevention services under the Family First Prevention Services Act (Family First). The District will continue to lead the nation, modifying its plan as appropriate and advocating for the expansion of this work. CFSA implemented its Family First plan on October 1, 2019. Additional information on Family First implementation is discussed in the *Service Coordination* section in this report.

Families First DC: District of Columbia Mayor Muriel Bowser's Primary Prevention Community Investments

Families First DC focuses solely on upstream primary prevention for DC residents who reside in vulnerable communities. Supported by local dollars, Mayor Muriel Bowser's vision builds upon work derived from the Family First Prevention Plan but with the intent to provide families with what they need in their communities to avoid ever having to reach CFSA for a formal intervention.

This initiative is a neighborhood-based, whole-family approach for serving vulnerable families. The design intentionally disrupts the way services are delivered in 10 neighborhoods where barriers to well-being, economic opportunity, and achievement are most acute.

Families First DC has the following goals:

- ▶ **Empower communities:** Through a place-based approach, neighborhoods and families will envision and create Family Success Centers that will meet their specific needs. Community Advisory Committees will be established, neighborhood action planning will be employed, and strategically tailored community-based grants will be provided to fill services gaps to meet their communities' needs.
- ▶ **Integrate Services:** The Family Success Centers will be uniquely designed by each community to facilitate access to existing government resources and new initiatives tailored to meet families' needs.
- ▶ **Focus Upstream:** The Family Success Centers will focus on increasing protective factors and mitigating trauma to build on community and family strengths. Services will be designed to prevent crises through early engagement, offer assistance to meet

families' basic needs, respond flexibly to the needs of families and the communities, and provide services outside of a traditional office setting.

FY 2022 APSR Update

CFSA and the Families First DC grantees closed out the planning phase during FY 2020 and began the implementation phase of year one in FY 2021. During the past year there has been a focus on community engagement, training for Family Success Center staff, and development of an evaluation framework.

Since the beginning of FY 2021, each of the 10 Family Success Centers had center and neighborhood-specific launches. Additional communications of center openings were through a Mayor's press release as well as local news channel segments that introduced some of the centers. CFSA has also attended and presented at a number of community meetings in various Wards in the District, hosted by City Council members, on information regarding the centers. Each site has established a Community Advisory Council (CAC) and the members are actively involved. The CAC makes decisions at the grantee level. For example, some of the CAC members voted on the sub-partners and decided topics for programming, and the Family Success Center hiring process. Members have also received trainings and have been advocates and decision-makers at the table with CFSA across the DC Family Success Center Network. An evaluation framework was created collaboratively with the DC Family Success Center Network and the Evaluation Workgroup and is in the implementation phase. During this phase, the group will revisit the research questions, logic model, and theory of change in order to simplify and ensure exact alignment with all of the family, program, and community level indicators. There will also be an opportunity to provide more information to then create the CQI framework and Key Performance Indicators (KPI).

Additional information on Families First DC is discussed in the *Service Coordination* section in this report.

FY 2021 APSR Update

In the fall of 2019, there was a DC Families First grant application process for community-based organizations to compete for the 10 Family Success Center grants. On December 16, 2019, the grantees were announced. CFSA identified neighborhood-based center locations based upon the child abuse and neglect data, as well as the healthy outcomes along with crime and violence prevention. A qualitative and quantitative analysis of disparities across the District and the impact on Wards 7 and 8 were also completed.

The planning phase for grantees and CFSA has been scheduled to occur from January to September 2020. During the planning phase, a community-driven Community Advisory Council will be established that will determine the community's needs and how the centers will respond to those needs. During this initial planning phase, CFSA is utilizing existing data, incorporating community input and feedback, and conducting several needs assessments, gap analyses, and community resource mappings.

Additional information on Families First DC is discussed in the *Service Coordination* section in this report.

COLLABORATION

Central to the Agency's ability to maintain and build upon its successes to-date are the strong cross-system collaborations with CFSA's sister agencies and community-based partners. Collectively, CFSA and stakeholders' mutual focus on prevention and long-term vision for the District's health and human services agencies will provide a strong foundation for effective implementation of the CFSP. The District is fortunate to have within its borders a number of child welfare organizations and advocacy groups locally focused on improving the child welfare system. While these groups vary in areas of concentration (e.g., some focus on specific areas of practice or service while others maintain interest in the entire child welfare spectrum), all have played a key role in the development of the Agency's CFSP.

The goals, objectives and measures of progress for the 2020-2024 CFSP emerged out of CFSA's Four Pillar Strategic Framework. As noted, the Four Pillars align with the CFSP's overarching themes of safety, permanency, and well-being. Agency performance under each pillar can be assessed through quantifiable measures that are informed by the DC National Performance Data Profile, the District's Statewide Assessment, the Agency's 2016 Child and Family Services Review (CFSR) Program Improvement Plan (PIP), the Four Pillars Scorecard, and CFSA's 2019 Needs Assessment.

KEY COLLABORATORS IN THE DEVELOPMENT AND IMPLEMENTATION OF THE CFSP

Ongoing and routine stakeholder involvement is integral to CFSA's ability to develop strategies, policies, and practices for achieving the District's child welfare goals. To balance the exchange of feedback, CFSA continues to provide data, and policy and practice change ideas to stakeholders for their perspectives and insights into practice changes and improvements. Conversely, internal and external stakeholders often participate in forums, work groups or standing committees to share system issues, concerns, or recommendations for practice changes with CFSA leadership and, when appropriate, with the CFSA ombudsman.

These activities to engage stakeholders in the CFSP development are a few of the various methods used for CFSA and its stakeholders to communicate about overall barriers and solutions. Much of the CFSP feedback is consistent with feedback received through other forums which CFSA considers and adopts as appropriate.

1. CFSP Development Sessions with Stakeholders

In developing the 2020-2024 CFSP, CFSA invited ongoing stakeholder feedback on the assessment of Agency performance, specifically regarding the practice domains of safety, permanency, and well-being. CFSA convened a facilitated series of stakeholder forums to discuss the goals, their alignment with Agency and community priorities, and how the goals interface with the Agency’s strengths and areas in need of improvement. CFSA also integrated stakeholder feedback on the CFSP systemic factors.

Held at CFSA headquarters, the stakeholder convenings occurred over three individual sessions, one each in February, March and April 2019. Each session had dedicated focal areas of the CFSP goals, objectives and measures. CFSA staff from the offices of Entry Services, Program Operations, and Well-Being joined external stakeholders from the following entities: Children’s Law Center, Family Court: Court Improvement Project, Citizens Review Panel, Center for the Study of Social Policy, Collaboratives, DC127, Domestic Violence Coalition, Parent Watch, the Children’s Trust, Office of the Attorney General, Office of the State Superintendent (OSSE), and OSSE’s Head Start/Early Childhood Development. CFSA also integrated the assessment of practice based on focus group and survey feedback from resource parents, youth and birth parents. Stakeholders provided feedback and recommendations.

CFSP Stakeholder Workgroup Invitee Listing	
Organization/Affiliation	
District of Columbia Public Schools (DCPS)	Department of Human Services (DHS)
Center for Social Policy (CSSP)	Department of Youth Rehabilitation Services (DYRS)
Children’s Law Center (CLC)	District of Columbia Family Court
Citizen Review Panel (CRP)	Domestic Violence Coalition
Collaborative-Collaborative Solutions for Communities	Foster Adoptive Parent Association (FAPAC)
Collaborative-East River	Martha's Table
Collaborative-Edgewood-Brookland	Mary's Center
Collaborative-Far Southeast	Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN)

CFSP Stakeholder Workgroup Invitee Listing

Organization/Affiliation	
Collaborative-Georgia Avenue	Metropolitan Police Department (MPD)
DC Children's Trust Fund	Office of the Attorney General (OAG)
DC Metropolitan Foster and Adoptive Parent Association (DMFAPA)	Office of the State Superintendent for Education (OSSE)
DC127	Parent Watch
Department of Behavioral Health (DBH)	Public Charter School Board
Department of Health (DOH)	Sasha Bruce Youth Work
Department of Health Care Finance (DHCF)	

Each work group session included reference documents and practice worksheets that provided structure and information for the participants' discussion. These tools included a CFSA practice interventions dictionary, goal sheet handouts, performance data, and completion of an interventions and strategies matrix. Stakeholders completed the tools to rate their perceptions on practice and service area effectiveness. Feedback from the three sessions included the following highlights:

- ▶ The five protective factors should be reflected in CFSA's goals, and therefore the CFSP objectives and measures.
- ▶ CFSP needs more objectives related to in-home youth and families.
- ▶ The Agency needs to more adequately address emotional well-being.
- ▶ Questions arose regarding how the Agency is measuring whether services are aiding in the outcomes desired.
- ▶ Consider offering aftercare for teens entering guardianship.
- ▶ In general, CFSA needs "aging-out advocacy" long before the youth's 21st birthday.
- ▶ The Agency needs more placements for infants and any objectives related to infants need to have carefully constructed language to make the objectives discrete from objectives that address the rest of the foster care population.
- ▶ Add an objective related to community collaboration and resources, e.g., "Communities have the tools and resources..." or "Children are connected to tools and resources in the community..."
- ▶ The system can be difficult for birth parents, and often they do not feel heard or the Agency is literally not listening – CFSA needs to listen to the birth parent as well as the birth parent advocate.

CFSA adapted and incorporated all of the above feedback into the development of the objectives and measures of progress for the next five years.

FY 2022 APSR Update

Strong collaborations are a cornerstone of CFSA's approach to meeting the needs of families. CFSA continues its commitment to these partnerships and establishment of forums to listen and understand challenges and problem solve for improvements.

Stakeholder Forums and Convenings

CFSA established a series of three consistent stakeholder forums that occur over the fiscal year to provide information, obtain feedback and problem solve. In addition, the forums are used to provide updates to any concerns that were identified in the prior stakeholder forum.

In September 2020, CFSA convened a virtual stakeholder forum of approximately 50 community members, including birth parents, foster parents, advocates, attorneys, and partner providers. During the presentation, CFSA staff provided updates on Agency services during the COVID-19 pandemic, the budget, the Four Pillars Scorecard, and the Families First DC Success Centers. Additionally, the Agency presented recent initiatives and practice changes that demonstrated its commitment to the meaningful implementation of stakeholder feedback. For example, in response to an expressed need for additional support to resource parents, the Agency discussed the REACH Campaign,³ which includes enhanced methods of recruiting, training, supporting, listening to, and celebrating resource parents. During the session, presenters addressed stakeholder questions, which largely involved COVID-19 procedures and supports, including the receipt of additional stipends, health screenings, visitation protocols, and policy adjustments to reflect the changing needs of children and caregivers.

CFSA convened another virtual stakeholder forum in January 2021. The Agency, again, provided updates about COVID-era supports, the Four Pillars Scorecard, and the implementation of the REACH campaign. Presenters also discussed the Thriving Families Safer Children Framework: a philosophical and practical shift from a child welfare system to a child well-being system, which emphasizes the meaningful inclusion of all community partners. Additionally, the Agency presented a new iteration of the Four Pillars Framework, which, consistent with the CFSA's pending emergence from the LaShawn lawsuit, demonstrates a transition from compliance-based measures to a system that incorporates a deep clinical understanding of family needs and objectives. As part of the Agency's ongoing effort to remain inclusive and transparent, presenters also discussed CFSA's public-facing data dashboard, including how its enhancements

³ The primary objective of the REACH campaign (Recruit, Educate, Advocate, Collaborate, and Help) is to strengthen the recruitment process leading to licensing and retention of more resource homes.

were based on user feedback. To close the session, presenters addressed stakeholder questions regarding electronic communications platforms, COVID-19 vaccinations, and plans for the physical re-opening of the Agency.

FY 2021 APSR Update

Stakeholder Forums and Convenings

Since the development of the 2020-2025 CFSP, CFSA has continued to engage and collaborate with stakeholders through standing committees and ad hoc forums and meetings.

Public Town Halls and Listening Sessions. In 2020, CFSA kicked-off a series of events to engage stakeholders and provide an opportunity for meaningful information exchange. The events included a Public Stakeholder Town Hall in January and two Birth and Foster Parent Listening Sessions in March. There were approximately 70 session attendees, including birth parents, foster parents, parent advocates, Collaborative representatives, and other community partners. During these sessions, the Agency provided updates on performance data, the new CFSA Data Dashboard,⁴ the Office of the Ombudsman, the Parent Engagement Education Resource (PEER) unit,⁵ and practice and policy changes. The Agency asked for input on services and supports for birth parents and resource parents, and answered questions involving the evaluation of teaming strategies, plans to improve teaming, and supports available to resource parents with older teens.

CFSA heard from some of stakeholders that the first session meeting time created challenges with childcare and other logistics. In response, CFSA added multiple sessions at different days and times, and also offered sessions via a virtual format.

The following examples of questions and responses were included in the Town Hall and Listening sessions:

Teaming Question: How is the Agency evaluating teaming? What is the Agency doing to improve teaming?

⁴ CFSA's public facing dashboard <https://cfsadashboard.dc.gov/>

⁵ PEERS are CFSA employees who have had past experience as birth parents with the District's child welfare system. PEERS function as mentors and advocates for mothers and fathers currently involved with CFSA. PEER specialists support reunification efforts for individual cases through one-on-one support for the birth parent. PEER specialists also work with birth parents to draw on family strengths and resources, and to promote positive interactions with child welfare system team members.

Response: Teaming is a critical practice infused throughout the work. If there is a scheduling challenge, CFSA advises case managers to hold conference calls to ensure full team participation. Social workers also work to ensure the assigned roles of various team members are clear and effectively communicated to the rest of the team. Social workers strive to communicate changes in real time. Teaming is also evaluated during supervision and quality service reviews.

Ombudsmen Question: Does the Ombudsman conduct any outreach to further educate the community on available supports?

Response: The Ombudsman attends the Parent Advisory Committee (PAC) monthly meetings to hear and address concerns, provides information for the Foster and Adoptive Parent Advocacy Center (FAPAC) newsletter, and is currently working on an information pamphlet.

The following examples of recommendations came out of the Town Hall and Listening Sessions:

- ▶ Consider having the ombudsman attend resource parent trainings to present information about the functions and supports available through the ombudsman's office. The ombudsman's attendance at training would allow an opportunity for resource parents to raise issues in the comfort of a group resource parent dynamic. It would also be helpful to include this information in resource parent binders.
- ▶ Create opportunities for resource parents to get together with providers, such as Families First Centers, to show birth parents that resource parents are a link and not an adversary.
- ▶ Develop a method of tracking anecdotal data on natural components of the process, such as how resource parents are working with birth parents who may be afraid to disclose certain information for fear of having their children removed or receiving other forms of retribution. Also, leverage community groups and organizations as sources better positioned to obtain this type of information.
- ▶ Provide guidance to advocates from family run organizations on how to share ground-level information in a way that is useful for the Agency (e.g., location of children who may have run away to stay with their birth families).
- ▶ Provide materials to help resource parents support older teens in navigating such tasks as filling out forms necessary for education, employment, and benefits.
- ▶ To supplement the Explainer videos that introduce youth and families to the foster care experience, consider providing a repository of books and other information sources.

- ▶ Explore ways in which the birth parent resources (PEERs) can support resource parents, e.g., coaching PEERs on how to approach specific birth parents, and what to focus on during an initial introductory Icebreaker session with the birth parent.
- ▶ Provide foster parents with feedback on issues they have elevated within the Agency, especially when it is necessary to close the loop on matters in which they were originally misinformed.
- ▶ Enhance supports to resource parents during times of crisis, such as when an older youth's behavior is escalated. Beyond instructing resource parents to contact the police, send someone to the home to provide direct support.

Budget Engagement Forum. In May 2020, CFSA conducted a community stakeholder briefing to present the Agency's FY 2021 proposed budget. The virtual meeting, which was attended by 113 stakeholders, included CFSA's approach to strategies and changes resulting from the COVID-19 pandemic. Additionally, the Children's Law Center annually coordinates the stakeholder questions that the Agency responds to at the forum. These questions included areas such as foster home licensing, the foster care placement array, kinship care, behavioral health, prevention services, in-home services, adoption and guardianship subsidies, clinical practice, older youth transitional services, and youth trafficking. CFSA provides responses to the questions during the forum.

FY 2022 APSR Update

In June 2021, CFSA conducted a virtual community stakeholder briefing to present the Agency's FY 2022 proposed budget. The meeting was attended by 68 stakeholders and focused on the Agency priorities that drove the focus of the budget. These included the discovery of efficiencies in overall practice through the traditional budget process, the pandemic, and the Agency's ability to perform essential work from home; maintaining a flat budget through the transition of positions and programs from local to federal funding; and enhancements to support the continuation of critical, community-based prevention services.

In addition, to ensure CFSA answers the stakeholders' areas of interest, the Children's Law Center annually obtains a compiled list of stakeholder questions about CFSA's published budget in the Mayor Bowser's Fair Shot proposed budget and provides it to CFSA in advance of the forum. CFSA responds to those questions and any other questions that arise during the forum. The stakeholder questions received prior to the forum and that were addressed in the presentation included the following areas:

- ▶ Educational Support
- ▶ Prevention and Family Strengthening

- ▶ Kinship Navigator Program
- ▶ Family subsidies
- ▶ Housing Assistance

Family First Prevention Workgroup. Beginning in late FY 2018 and continuing throughout the entire FY 2019 reporting period, CFSA took the national lead as an early adopter of the Family First Prevention Services Act. CFSA engaged stakeholders citywide to design and draft the District's Title IV-E five-year Prevention Services Plan. The Agency also created and charged the Family First Prevention Work Group with making key recommendations for inclusion in CFSA's Prevention Plan. The two key focus areas were (1) identify the target populations for services (i.e., "candidates" for foster care) and (2) recommend the best evidence-based services to meet these families' needs. Workgroup participants included directors of partnering human service organizations and representatives from the Executive Office of the Mayor, the DC Council's Health and Human Services Committee, Parent Watch DC,⁶ and the Healthy Families/Thriving Community Collaboratives. Additional participants included members from community advocacy organizations, community-based agencies, the Citizen's Review Panel, the Mayor's Advisory Committee on Abuse and Neglect (MACCAN), the Family Court, and DC Council. This stakeholder group continues with a change in focus to continuous quality improvement.

FY 2022 APSR Update

The Family First Prevention Workgroup, now known as the City-Wide Prevention Workgroup, continues to consist of representatives from partnering human service organizations, community-based agencies, CFSA partners, stakeholders, and CFSA staff. During the past year, the City-Wide Prevention Workgroup met quarterly to learn, recommend and explore innovative ways to strengthen the child welfare system. This was accomplished by establishing committee subgroups to help lead the CQI framework to evaluate data collected and deepen sister agency partnerships to leverage government resources to support and strengthen families in their communities. The workgroup prioritized three broad criteria for selecting each service: (1) identifying a service array that aligns with the characteristics and service needs of target families, thus ensuring that each family will be able to secure a service that meets their specific needs and circumstances; (2) ensuring each service identified has a high level of evidence of effectiveness, not only from national evaluations, but also drawing on data and experiences with these very programs as implemented in DC; and (3) prioritizing the selection of existing District services that are currently successful, building on existing capacity, model familiarity, and effectiveness. The efforts undertaken to identify a comprehensive service array for prevention-

⁶ Parent Watch, Inc. is a privately held, family-driven advocacy group focusing on delinquency prevention.

eligible children and their families have produced a roadmap for possible services to be claimed under Family First as part of CFSA's five-year Prevention Plan.

The District has been selected by the Children's Bureau to join the Systems Change Cohort of the Thriving Families, Safer Children: A National Commitment to Well-being initiative. CFSA's participation in the Thriving Families, Safer Children (TFSC) initiative will allow CFSA and other District agencies to further expand upon the array of services that support families early enough to prevent them from becoming system-involved. Through this initiative, the Agency will continue to build on cross-sector relationships to address the root causes of maltreatment of children while working to prevent initial and repeat occurrences, avoid needless family disruption, reduce family and child trauma, and interrupt intergenerational cycles of abuse.

The CFSA Thriving Families, Safer Children steering committee over the past several months has been meeting regularly to formulate a plan to transform the child welfare system based on the Thriving Families, Safer Children framework. Under CFSA's larger primary prevention framework TFSC umbrella, the agency plans to develop and implement strategies to fully integrate family, community and youth voice and decision making into all efforts and priorities of transformed child and family well-being system. This work will center around engaging those with lived experience, building authentic partnerships, shifting the culture to power sharing and unpacking race and equity. In April 2021 CFSA held its first primary prevention network meeting consisting of its Community Based Child Abuse Prevention (CBCAP) grantees, Families First DC (10 Family Success Center) grantees and Healthy Families/Thriving Community Collaboratives community case management providers. Additional members will be added as this work progresses.

Committees

Parent Advisory Committee (PAC). The PAC focuses on how to improve the experience and support of resource and birth parents. Committee members include staff from the Foster and Adoptive Parent Advocacy Center, DC Metropolitan Foster and Adoptive Parent Association, the Resource Parent Support Unit, the Child Welfare Training Academy, the Program Operations administration (foster care) and the Office of the Ombudsman. These PAC meetings provide all participants with an opportunity to exchange information and data on the implementation process and to hear and address any concerns brought to the resource parent advocacy and support organizations. Prior to the meeting, CFSA requests invitees to forward items for inclusion on the agenda. During the meetings, participants discuss data and performance measures, strategy ideas, policy and practice changes, strategies for obtaining feedback, and participant insights.

CFSA provided the following information to the PAC to get their feedback on changing policies, procedures, tools and practices:

- ▶ Resource Parent Appreciation. CFSA looks for effective ways to recognize and celebrate its valued resource parent community. CFSA organizes activities with resource parent input during foster parent month and throughout the year. This past year several PAC resource parent members developed a survey and sent it to all resource parents. The survey asked how resource parents feel supported and what kind appreciation events CFSA should host.
- ▶ Resource Parent Support Model. CFSA heard from the resource parent community that the current contracted crisis intervention and support services were not adequate. As a result, CFSA plans to train the foster parent support workers in crisis intervention programs to provide the function.
- ▶ The BOND Program. Providing consistent, meaningful support for resource parents is a top priority for CFSA. Resource parents indicated an inconsistency in how support was provided through the family clusters and Mockingbird homes. As a result, CFSA discontinued the individual Mockingbird and Family Connections programs as of March 31, 2020 and merged the programs' individual strengths into one equitable and sustainable parent support program called the BOND program (Bridge, Organize, Nurture and Develop) as explained in further in the APSR.
- ▶ Placement Stability. While disruption staffings and statistical analyses can provide important information to promote placement stability, PAC members provide valuable context when they share their own experiences and recommendations. In FY 2019, PAC feedback largely emphasized the need for effective information exchange and resource parent support. The Agency has either developed or revised the following tools, policies, and strategies as a result of PAC feedback:
 - Creation of a crisis support tip sheet for resource parents
 - Development of the Resource Parent Introduction Tool which provides an opportunity for the resource parent to introduce themselves to new foster children by providing information about their family, house rules and expectations
 - Revision of the Placement Passport⁷ to provide a more comprehensive and detailed picture of a child's needs (PAC members frequently emphasized that children were being placed in their homes without

⁷ Resource parents receive a Placement Passport packet when CFSA places a child in their home. The packets include relevant and necessary information on the child, such as Social Security cards, information related to any medications, school records, etc.

paperwork so the committee provided examples of what type of information would be helpful and a list of documents was built based on that)

- Establishment of a referral system for grief and loss counseling, which can support resource parents and their families when children in foster care are removed from their homes
 - Expansion of the role of the resource parent support workers (RPSWs), who now facilitate disruption staffings to ensure resource parents' concerns are addressed (RPSWs also promote a resource parent's capacity for caring for children across the spectrum of physical, behavioral, and emotional needs)
 - Establishment of the Placement Transition Protocol which outlines a systematic approach to thoughtful and planned placement transitions with a goal of reducing trauma experienced by foster children, promoting shared parenting amongst their caregivers, and outlining the responsibilities and communication expectations of the social worker, resource parent support worker, and resource parent during placement transitions
- ▶ **Resource Parent Training.** CFSA changed the model used for resource parent pre-service training from the Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (TIPPS-MAPP) model to the New Generation PRIDE Model.⁸ CFSA also changed its training model and received input on the development and implementation of the tiered approach to resource parent training to accommodate resource parents with different experience levels and skill sets. This tiered approach to training was developed in response to new resource parents expressing the need for training that provided a clear step-by-step process of what to expect as a new CFSA resource parent. Veteran resource parents expressed concern for not being clear on which training would best support their role. Collectively, resource parents and CWTA set out to develop a clear process for training which included a means to build on current knowledge and support continual development. Prior to its launch, the tiered approach document was presented to the PAC and community partners (FAPAC) to obtain the resource parent's reactions and feedback.

⁸ Historically, CWTA had provided TIPPS-MAPP training (Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting) for the foster parent population. In addition, for decades the Child Welfare League of America provided the PRIDE (Parent Resources for Information, Development, and Education) Model of Practice. The New Generation PRIDE Model includes more dynamic, interactive resources and tools for resource parent training.

- ▶ Policy Development and Revisions. PAC members serve as members of policy workgroups when CFSA is developing new or revising existing program policies and administrative issuances. PAC involvement with policy development ensures that the parent voice is incorporated into policy decisions that affect them. In the past year, PAC members have participated in workgroups related to the youth personal allowance policy.

FY 2022 APSR Update

During this reporting period, the Parent Advisory Committee (PAC) has evolved and has been reimagined from a resource parent-focused group with a limited number of perspectives to a broader body of internal and external stakeholders. The purpose is to provide a wider net for diverse perspectives and voices. CFSA's representation in the committee includes the Deputy Director of Program Operations, the Assistant Deputy Director of Program Operations, and the Ombudsman. Additional committee representation includes advocates from community-based groups, including the Foster and Adoptive Parent Advocacy Center, DC Metropolitan Foster Parent Association, and Parent Watch. Within the resource parent community, PAC ensures representation of various groups, including BOND lead parents (described earlier), Specialize Opportunities for Youth (SOY) parents, and kinship parents. The birth parent voice is represented by PEER specialists and the youth voice is represented by a member of the OYE Youth Council. Additionally, partner providers NCCF, LAYC, and Children's Choice⁹ ensure a staff member and foster parent are at the table.

PAC has developed a mission statement: *To create a space for parents and families to share diverse outlooks and experiences as collaborators with CFSA to improve the child welfare system in the District of Columbia.* To this end, PAC continues to explore effective ways of identifying and addressing stakeholder concerns. Most recently, the committee created an issue tracker and is establishing workgroups to respond to issues brought to the members' attention. The goal is for the workgroups to meet throughout the year and to report on their progress at the quarterly PAC meetings.

Over the past three years, PAC has expressed concerns of service delivery in multiple areas. Two specific areas included 1) well-being for resource parents and 2) case transition planning. To improve the feedback loop between the Agency and its resource parent partners, CFSA planned short term solution focused workgroups to address these issues. Outreach for participants targeted resource parents involved in a BOND group, kin, traditional, CFSA and private agencies resource parents. Resource parents experienced with older youth, infants, special needs,

⁹ NCCF (National Center for Children and Families), LAYC (Latin American Youth Center), and Children's Choice are all CFSA-contracted child-placing agencies.

disruptions, and no disruptions were also invited. Staff in attendance included non-management and managers from training, well-being, entry services (CPS-I and In-Home), kinship, permanency, recruitment, and informational technology. The workgroups were charged with identifying measurable solutions and the steps required to successfully achieve each solution identified during the workgroup meetings. Recommendations from the workgroups will be used to develop policy and practice recommendations that serve to further support the resource parents who play a critical role in the foster care system. Additional information on the discussions and decisions made during these workgroups can be found later in this report in the section *Surveys and Focus Groups, Focus Groups with Resource Parent*.

In October 2020, CFSA established a monthly forum to complement PAC activities and ensure timely response to needs that arise in the resource parent community. Facilitated by the deputy director and management team of the Program Operations administration, the “Fellowship and Feedback” sessions allow resource parents to provide feedback, ask questions and raise concerns directly with Agency leaders who are best-positioned to implement change.

During FY 2020, PAC had decided to take on a service project in which all members would participate. Unfortunately, these plans were suspended by the COVID-19 pandemic. The committee hopes to resume service project planning in the near future.

This past year the PAC’s purpose, scope and membership was changed to include more representation of families (resource parents, kinship, birth parents) providing comprehensive feedback, input and solution development. The former PAC members were involved in the redesign.

Strategic Partnerships

CFSA works with key partners to support policy and practice progress across the *Four Pillars Strategic Framework* from prevention through permanency. Several of the Agency’s current partnerships are described below:

Healthy Families/Thriving Communities Collaboratives. CFSA continues its multi-faceted, 20-year plus partnership with the Collaboratives, which involves various activities within the prevention and intervention continuum. As community-based social service organizations, the five Collaboratives are strategically located in District neighborhoods that have high representation of families in contact with the child welfare system. In addition, CFSA has several in-home social workers co-located at each of the five Collaborative sites, increasing direct accessibility of services and referrals from social workers partnering with Collaborative family support workers. Further, CFSA contracts with the Collaboratives to provide a range of services that fall within

over-arching service categories: family support services, evidenced-based practices, and community capacity building. As part of these contractual agreements, the Collaboratives must engage in (and report on) activities that encompass a wide range of efforts to strengthen and expand the neighborhood resources available to community residents.

- ▶ Community capacity-building is intended to foster and improve collaboration among neighborhood service providers as well as improving the ability of communities to respond to residents' needs. Collaborative staff works with neighborhood programs, organizations, and agencies to increase the range of quality supports for families. This approach makes Collaborative information and referral services more effective for neighborhood residents in need of services such as housing and utility assistance, employment assistance, mental health services, and emergency food and clothing. Services also include enrichment programs.
- ▶ A major component of the Collaboratives' work includes community engagement, i.e., special events, community forums and trainings, community networking meetings, and daily outreach. To foster awareness of abuse and neglect issues, the Collaboratives coordinate and promote ongoing engagement activities within their respective communities, bringing together residents, merchants, community groups, and other stakeholders around topics such as family preservation and support.
- ▶ The Collaboratives sponsor training and support groups, using many evidence-based practices. Examples of the parenting training and support groups include the Parent Empowerment Program,¹⁰ the ACT against Violence program,¹¹ Chicago Parenting Program,¹² Nurturing Parenting Program,¹³ and the Effective Black Parenting Program.¹⁴ Each of the preceding programs addresses particular issues within the child welfare continuum. On a routine basis, data are shared between CFSA and the

¹⁰ The Parent Empowerment Program increases support to parents through the Common Sense Parenting Curriculum, which includes such topics as preventive teaching, corrective teaching, effective praise, self-control, problem solving, goal setting, family traditions, and family meetings.

¹¹ The ACT Raising Safe Kids Program, developed by the American Psychological Association's Violence Prevention Office, teaches positive parenting skills to parents and caregivers of children from birth to age 10.

¹² The Chicago Parent Program (CPP) strengthens parenting confidence and skills and reduces behavior problems in children 2-5 years old. Designed in collaboration with an advisory board of African American and Latino parents raising young children in low-income neighborhoods, CPP addresses a gap in the availability of evidence-based parenting programs that specifically address the needs of this population of families.

¹³ The Nurturing Parenting Program for Parents and their Infants, Toddlers and Preschoolers is a family-centered program designed for the prevention and treatment of child abuse and neglect. Both parents and their children birth to five years participate in home-based, group-based, or combination group-based and home-based program models. Lessons are competency-based ensuring parental learning and mastery of skills.

¹⁴ Effective Black Parenting Program (EBPP) is a parenting skill-building program created specifically for parents of African American children. It was originally designed as a 15-session program to be used with small groups of parents. A one-day seminar version of the program for large numbers of parents has been created.

Collaboratives. Data are specific to referrals, linkages, and service delivery outputs and outcomes for clients. The Collaboratives have also been an integral partner in the Family First prevention services prevention planning workgroup.

FY 2022 APSR Update

CFSA provides Community-Based Child and Abuse Prevention (CBCAP) grants to a network of providers to operate parenting education support, home-visiting and outreach and advocacy programs. Additionally, CFSA utilizes several local and federal funding sources to fund prevention support, and these funds are used to support the overall approach to prevention. Through the network of prevention services providers, under-served populations in low-income areas have been the focus of targeted efforts to increase engagement and participation in services. These populations included minority families, non-English speaking families, fathers, and teen parents.

The DC Children's Trust Fund (DCCTF). CFSA is the designated lead agency for the Community-Based Child Abuse and Prevention (CBCAP) grant in the District of Columbia. CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities, particularly in partnership with the DC Children's Trust Fund (DCCTF). DCCTF is a 501(c) 3 nonprofit, established in September 1993 as a result of legislation passed by the Council of the District of Columbia and authorized by the Mayor. The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs. Specifically, DCCTF is responsible for the following activities:

- ▶ Develops public education materials that promote the primary prevention of child maltreatment
- ▶ Develops messages that emphasize and promote ways to strengthen families and develop healthy children
- ▶ Develops monetary, programmatic and in-kind resources to support primary prevention efforts by leveraging funds and resources
- ▶ Builds the capacity of local groups to implement child abuse prevention programs through training and technical assistance

DCCTF also works closely with CFSA as a participating member of MACCAN and was a participant of the citywide Family First Prevention Workgroup. DCCTF is a strong partner in supporting the District's prevention provider network and ensuring stakeholder engagement in prevention planning through the facilitation of focus groups, interviews, surveys, and other training and

leadership development activities with parents. The following activities are included in some of the parent leadership activities that DCCTF offers:

- ▶ Hosting a Parent Leadership Series for parents
- ▶ Developing and implementing activities to recognize exemplary parents during National Parent Leadership Month (February), including a Parent Leadership Awards Luncheon to recognize local parent leaders who, after graduation, will serve as mentors for other parents
- ▶ Sponsoring financial literacy seminars and health and wellness seminars for leaders and parents
- ▶ Providing training sessions to enhance parents' knowledge on how the political and social systems operate, the DC laws on child abuse and neglect, and how to be more effective advocates for the needs of their children and themselves

DCCTF is also an accredited Evidenced-Based Parents Anonymous® provider for the District of Columbia with an ongoing priority to expand accessible parent support and concurrent children's groups throughout the District. Parents Anonymous is a prevention program that works to strengthen families and build resilience. DCCTF staff and consultants also provide training and technical assistance for the establishment and implementation of Parent Anonymous® groups.

FY 2022 APSR Update

CFSa continues to partner with DCCTF to support expansion of the District's network of coordinated child abuse prevention resources and activities. Prior to the start of the COVID-19 pandemic, the work of DCCTF was primarily done in person, via face-to-face meeting in the areas of parent support, trainings, advocacy, and volunteerism. The pandemic altered the plans of not only DCCTF but all CBCAP grantees in FY 2020 and network providers who were forced to shift to a virtual space to hold their programming. Subsequently, efforts to advocate with parents on Capitol Hill during this reporting period were moved online as DCCTF and others continued to raise awareness and speak to the needs of families in the District of Columbia through their parent leadership, training and education on child welfare laws. Recognizing that this new normal was going to require a period of adjustment, DCCTF and other CBCAP network grantees maximized new opportunities through ZOOM and WebEx to conduct outreach and engagement that increased bandwidth and exposure to new audiences (young and teen parents).

Despite COVID-19, the following parent leadership activities are some that DCCTF offered in FY 2020:

- ▶ Distributed to 65 families and partner agencies, virtual educational, cultural, adventurous, and mental health resources to assist in maintaining the well-being of those served.
- ▶ Collaborated with CFSA to train six partner agencies on the implementation of the new Protective Factors Survey-2 (Retrospective Version), a tool to better assess changes in family protective factors and how well the Agency is meeting the needs of families.
- ▶ Provided nine trainings and technical assistance to 78 parents in the community and some staff of two community-based organizations (Kayla's Village, United Planning Organization) to enhance the quality of services to children, youth, and families, and to cover the following topics:
 - DC Laws on Child Abuse and Neglect
 - Domestic Violence Prevention & Intervention
 - Stress Management
 - Parent Leadership
 - How the political and social systems operate
- ▶ Held a virtual financial literacy seminar session for eight participants in August 2020.
- ▶ Facilitated nine virtual parent support groups, reaching 243 parents with 134 children.
- ▶ Held a drive-by Health & Wellness Expo on October 10, 2020 in collaboration with the Dupont Park Seventh-Day Adventist Church.
- ▶ Distributed personal protection equipment and over 500 book bags and back-to-school supplies.

DC Superior Court. The Family Court Operations Division (Family Court) works with CFSA to discuss ideas and data, and to share issues that need resolution. Representatives from CFSA's Office of the General Counsel, Office of the Director, Office of Program Operations, and the DC Office of the Attorney General meet with the Family Court on a quarterly basis to review Agency practice. The same representatives also address and strategize for the improvement of permanency outcomes, including reunifications, adoptions, subsidized guardianships, and re-entries. The following topic areas are examples of policy and practice discussions:

- ▶ Data on placement stability and updates on the Placement Matching tool regarding implementation and a description of what characteristics of the children and families will be matched, and discussion about the Mobile Stabilization Services
- ▶ Family First Prevention Services Act implementation implications
- ▶ Education Resources and Support Update

- ▶ **Timely Permanency Reports**
- ▶ **HOPE Court and the Implications¹⁵**
- ▶ **Resources for Commercial Sexual Exploitation of Children (CSEC) community-based services**

Through the Court Improvement Program (CIP) CFSA participates in data-sharing activities with the Court and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes. These include the following joint projects:

Court-Related Barriers. CFSA and the Family Court are focusing their partnership on addressing mutual barriers to permanency, as identified in the Child and Family Services Review, Quality Services Reviews, and Agency performance analyses. For example, CFSA and the CIP conduct focus groups with judges (n=4) , as well as separate focus groups with attorneys (n=7) . These focus groups facilitate conversation about court-related barriers such as goal changes, trial delays and scheduling issues. The focus group facilitation further utilizes data from stakeholder interviews, using the findings as a touch point to launch deeper dialogues.

The Urgency to Permanency Forum. The Urgency to Permanency Forum occurred in October 2019 within the community of legal and judicial practitioners. The forum focused on three key questions: What are the top five barriers to permanency? What is the role of the parent’s attorney? What are the presenting challenges around timely disposition of TPRs. The forum identified the following barriers related to permanency themes:

- | | |
|---|---|
| ○ Quality behavioral health services for parents and children | ○ Rulings from the Court of Appeals |
| ○ Delays in issuing findings | ○ Lack of appropriate specific services |
| ○ Adoption reports | ○ Competing petitions |
| ○ Ta.L. appeals delaying adoption | ○ Judge changes |
| ○ Lack of parental involvement | ○ Subsidy negotiations |
| ○ Scheduling | ○ Social worker turnover |

In response to the barriers, CIP participants identified the following strategies:

1. Have stronger post-reunification services through the Collaboratives to assist with reintegrating such services in the community. Collaboratives to report plans in FACES. NET to share information.

¹⁵ HOPE Court is described in the *Collaborations with Youth-Serving Programs* section with details on page 127.

2. Develop a tracking report that looks at the timeliness of filing to identify and address barriers.
3. Enhance the review of the adoption report to ensure legal requirements are met.
4. Have TPR and Ta.L. hearings heard together at the permanency hearing.
5. Have more judges to address scheduling issues.
6. Consider using the voucher program to cap how many cases CCAN attorneys are annually assigned.
7. Recruit more attorneys who are willing to take adoption cases.
8. Have the Family Court order conduct earlier mediations.
9. Support better communication with the Family Court.
10. Improve case plan format.
11. Improve assessments to ensure referral to appropriate services.

CFSA and the Family Court, CIP continue to team together on PIP implementation activities inclusive of the permanency mediation program where the objective was to develop, implement and evaluate a permanency mediation program to operate within the Court's Multi-door Child Protection Mediation Program. The mediation program is progressing into the evaluation stage.

Secondly, PIP implementation includes follow-up on the October 2019 Urgency to Permanency Forum. Members of the CIP, CCAN, OAG and CFSA comprise the Permanency Forum planning team. Follow-up forums for scheduled for September 2020, with four 90-minute virtual sessions. The theme for the forum is parental engagement. Each virtual session includes a cross-section of participants to include the following groups: Family Court judges, CCAN GAL, CLC GAL, AAG, two social workers (in-home, permanency, investigations). Participants will work in designated teams to addresses specific parental engagement questions. A report synthesizing the themes, strategies and action items on improving permanency outcomes between the Courts and CFSA will be provided for outlining further collaborative work.

FY 2022 Update

Following up on the October 2019 permanency forum with the legal community, CFSA held virtual focus group discussions in mid-September 2020. The following judges organized each focus group: Judges Noti, Albert, Johnson, and Breslow. Focus group discussion participants included a cross-section of attendees from the District's Counsel for Child Abuse and Neglect (CCAN), a guardian ad litem (GAL) panel, GALs from the Children's Law Center (CLC) and

CFSA. Members of the Court Improvement Project (CIP) facilitated the focus group discussions over 4 days with 2-hour time slots. The focus groups centered on parent engagement, with respondents addressing the following:

- ▶ Discuss what level of parental engagement you expect CFSA to have had, at the time you first come in contact with a case.
- ▶ How important do you think parental engagement is to successful reunification and why?
- ▶ Discuss what ideal parental engagement for each participant looks like in a case
- ▶ What are some suggestions for improving parental engagement?

Feedback from the forum included participant suggestions to improve parent engagement, including increased empathy and active listening from social workers; the role of mediation as critical in building connections with the family and breaking down barriers; increased parental engagement relative to legal implications and understanding the system; greater involvement of parents' attorneys in case planning; setting clear expectations for parents; being honest about parental needs and service limitations; engaging the family as a whole; identifying and securing services for parents earlier in the case; providing parents with space when it is necessary to prevent alienation; better understanding of generational trauma; applying a strengths-based approach to helping a family succeed and ensuring that a "no fault" approach is an applied understanding; and fully understanding how systemic bias contributes to racially disproportionate levels of child welfare involvement.

Case Reviews. Since the fall of 2018, CFSA and the Family Court have collaborated in a CIP data subcommittee to review cases and analyze issues related to a child's length of time in care and length of time with a given permanency goal. The second and most recent round of analyses included a review of 10 adoption, 10 guardianship and 10 reunification cases that were filed between January 1, 2017 and June 30, 2018. Randomized stratification was used to determine the sample from the total population. The objective of the reviews was to examine court-related practice barriers that impact the timeliness of trials, establishment of goals, and case scheduling (relative to moving cases expeditiously to permanency). Both rounds of reviews produced similar findings for the interrelated impact of certain family, clinical, systemic, and court-related factors and longer permanency timelines. In particular, cases with longer permanency timelines typically included evidence of one or more of the following factors: parental behavioral health issues, parental substance use, multiple foster care placement disruptions, multiple social worker transfers, unmet clinical service needs for the child or family, late permanency goal changes, and permanency goal extensions. With each round of reviews, the analyses are becoming more qualitative, as the committee

members look to complement their observations of correlating factors with a deeper understanding of causation and impact for each individual factor. Additionally, committee members look to evaluate the efficacy of more recent clinical and legal practice changes by comparing newly obtained data with previous reviews.

FY 2022 APSR Update

Since the spring of 2020, the CIP data subcommittee has been restructuring its information-gathering protocols to be more inclusive of clinical input and concurrent data initiatives. In order to identify the clinical and judicial elements of practice that warrant further study, subcommittee members created a rubric that highlighted the themes that emerged in the first two rounds of permanency reviews (described above). Members further highlighted themes found in the Agency's most recent Needs Assessment/Resource Development Plan, Performance Improvement Plan, and Annual Quality Service Review (QSR) report. In collaboration with CFSA's Program Operations staff, the subcommittee has been exploring practices currently in place to address each theme, barriers to implement practices in the identified areas, and strategies that can be developed to further address the identified barriers. While working with the Program Operations staff, the CIP subcommittee also examined the approach that CFSA's Performance Accountability and Quality Improvement Administration (PAQIA) has taken for exploring similar themes through the QSR process. As of this report, the CIP data subcommittee and the Program Operations staff are working with the QSR team to jointly develop a survey tool for the third round of case reviews. The questions and data will thus be informed by clinical input and standardized quality assurance measures.

Children's Law Center (CLC). CLC is a District-based, non-profit organization that provides legal services and policy advocacy for children and birth parents. In addition to the case-specific teaming that arises from frequent representation of CFSA clients, CLC provides input for the development, implementation, and review of policies, practices, and initiatives. During quarterly meetings, representatives from CLC, CFSA and the Office of the Attorney General exchange updates on policies, programs and initiatives. The representatives clarify their respective practices and discuss sample cases in order to ensure optimal communication and teaming. Most recent discussions have involved Agency and Court practice changes during the COVID-19 pandemic.

FY 2022 APSR Updates

The general focus of CLC has remained the same in regard to providing input for updates on policies and discussion regarding specific case and possible system issues. CFSA's contracted family-based Maryland partner, NCCF, also joined the meetings during this period since half of DC's children reside in Maryland and are case managed by NCCF. This provides a direct forum for

the CLC to directly address NCCF without CFSA as the intermediary. During the pandemic, meetings also focused on parent and child visitation (either in-person or virtual visitation), educational neglect cases during remote learning, and the citywide respite centers that were utilized when clients or families tested positive for COVID.

Foster and Adoptive Parent Advocacy Center (FAPAC). FAPAC is a community-based organization that provides training, support, and advocacy for resource parents. FAPAC also partners with CFSA, participates in the monthly PAC meetings, shares feedback from the resource parent community, and develops strategies to promote continuous system-wide improvements in resource parent engagement, support, and performance. Additionally, FAPAC participates in discussions regarding CFSA practices, policies, and special projects.

DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA) is another community-based organization that provides training and supportive services to resource parents. DCMFAPA participates in the monthly PAC meetings and was a valuable contributor to discussions involving the Temporary Safe Haven Redesign, the Resource Parent Handbook, the Foster Parent Statement of Rights and Responsibilities, and incorporation of the Reasonable and Prudent Parenting language into existing policies and administrative issuances.

Standing Commissions, Councils and Task Forces

CFSA collaborates with the following public and private partners across the District. Staff serves on multidisciplinary teams that meet regularly to discuss and develop strategies to strengthen child welfare practice and positively impact the lives of the District's children and families.

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) was established to advise the mayor on aspects of the District of Columbia's continuum of child welfare services, including prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship care, and adoption). The District's mayor and City Council appoint MACCAN's 22 governmental and non-governmental members, according to their demonstrated expertise in working on behalf of children and families, along with their dedication and commitment to service. CFSA occupies one seat on this board and provides resources to ensure MACCAN's effective operation. MACCAN meets four times annually to stay abreast of the state of child welfare across the District and receives regular updates from CFSA staff and the Agency director regarding CFSA's work. MACCAN's work includes the following highlights:

- ▶ Community Meetings. In September 2019, MACCAN held a meeting in the community to provide easier access for community members and community partners to attend. During the meeting the committee shared its goals with

participants. CFSA leadership provided a comprehensive overview on the District's progress toward implementation of the Family First Services Prevention Act and Families First DC. Participants also heard a presentation from DC Hungers Solutions which is a non-profit agency with a mission to end hunger in the District of Columbia.

- ▶ Child Abuse Prevention Month. MACCAN collaborates with CFSA's Office of Public Information to promote National Child Abuse Prevention Month activities each April across the District. Every April, since 2015, MACCAN has promoted activities to raise awareness during Child Abuse Prevention Month. Such activities have included *Wear Blue Day*, receipt of the *Mayoral Proclamation of Child Abuse Prevention Month*, the *Think before You Spank* campaign, mandated reporter training, *Eat Well to Live Well* parent summit, and a parenting empowerment conference. Due to the Public Health Emergency (PHE) of COVID-19, MACCAN cancelled the Child Abuse Prevention Month meeting in the community. However, MACCAN did proceed in securing a proclamation from the Mayor's Office declaring April 2020, Child Abuse Prevention Month in the District of Columbia. In lieu of the community meeting on the scheduled meeting date, MACCAN held a virtual meeting to discuss CFSA's response to the PHE and its impact on children and families in the District. CFSA's director and principal deputy director participated in this meeting providing an overview of the Agency's response.
- ▶ CFSA Annual Public Report. Each year MACCAN reviews and offers comments to CFSA's Annual Public Report (APR) which CFSA submits to the mayor and DC City Council. The APR describes ongoing and specific actions the Agency has taken to implement the federal *Adoption and Safe Families Amendment Act of 2000* (DC Law 13-136; 47 DCR 2850). Each report provides a full statistical analysis of cases, an analysis of difficulties encountered by CFSA to reach the goal for reducing the number of children in foster care, an evaluation of services, an evaluation of the Agency's performance, and recommendations for any additional legislation or services needed to fulfill the requirements set forth by the Act. MACCAN reviewed and provided comment for the FY 2019 Annual Public Report. From the most recent APR, MACCAN highlighted the following areas of interest:
 - ▶ "Exit to Permanence Roadmap". MACCAN encourages ongoing efforts to ensure quality control and fidelity for these tools for maximum effectiveness. MACCAN also encouraged CFSA to build companion tools for families, resource parents, and partnering organizations (e.g., Collaboratives) to collaboratively focus on family strengths and family supports.

- ▶ Permanency Family Team Meetings (FTM). MACCAN encourages ongoing review of the new FTM approach to ensure that the most effective and time sensitive methods will benefit team processes to achieve permanency.
- ▶ Parent Engagement, Education, and Resource (PEER) support team. MACCAN supports efforts to evaluate PEERs to increase the voluntary participation of the program and resources needed for its expansion.
- ▶ Alternative Planned Permanent Living Arrangement (APPLA). MACCAN identified APPLA as an area where additional information on plans for progress review and improvement are beneficial.
- ▶ Mental Health Redesign. CFSA has leveraged in-house operations for substance use and behavioral health programs to meet the immediate needs of its populations. MACCAN recommends that the Agency collect data on those who are not part of the redesign and already receiving behavioral health services. This population is also of interest for expansion and quality control and improvement for behavioral health and substance abuse treatment.
- ▶ The Family Treatment Court (FTC). The FTC program meets the needs of those with substance abuse issues with most participants who complete treatment. Given the rate of relapse for substance abuse treatment, MACCAN believes that FTC may need to consider supports for prevention and treatment of relapse of substance abuse among parents and child abuse and neglect. They also encourage resources for relapse prevention and models for family strengthening to sustain mental health and substance treatment goals, emphasizing that therapists have important roles in the family strengthening and transition to permanency.
- ▶ Neglect and Termination of Rights (TPR) cases. MACCAN encourages clarification of the role of therapists and other community supports in neglect and TPR hearings.
- ▶ Data requests. MACCAN would like additional data on education and special education in future years. The committee would also like to view data on housing.

CFSA reviewed the committee’s comments on the APR and provided a response in February 2020.

CFSA’s director’s attendance at regular meetings with MACCAN will continue to serve as a vehicle for keeping members abreast and up-to-date on both data, progress, and Agency practice. As MACCAN moves to broaden its outreach and engagement with the community, the regular participation of CFSA’s director allows committee members to provide greater feedback and to consider how members can assist with efforts to support and strengthen the District’s services to children and families. Recently, the director has updated MACCAN members and

responded to their questions on such topics as the Family First Prevention Services Act, Families First DC, and CFSA's strategies in response to the COVID-19 pandemic.

FY 2022 APSR Update

Child Abuse Prevention Month. As with previous years, MACCAN collaborated with CFSA's Office of Public Information to promote National Child Abuse Prevention Month activities across the District. April 2021 activities included human trafficking and mandated reporter training, which was a collaborative effort between the Office of the Superintendent of State Education (OSSE), the DC Office of the Attorney General (OAG), and CFSA. The OAG also offered a virtual event entitled, "The Wellbeing of Children in the Era of Covid-19." DCCTF held a virtual forum for parents entitled "Parent Summit: Challenges and Opportunities During COVID-19". Lastly, MACCAN held a Town Hall meeting with over 200 participants entitled, "Protecting our Children and Their Future." The meeting included a panel of multidisciplinary professionals dedicated to serving children and families across the District. The month closed with a *Wear Blue Day* in recognition of Child Abuse Prevention Month, emphasizing efforts to support and strengthen families.

CFSA Annual Public Report

MACCAN reviewed and provided comments for the FY 2020 Annual Public Report (APR). From the most recent APR, MACCAN highlighted the following areas of interest:

- ▶ Community-based Collaborations MACCAN strongly encourages CFSA to continue to focus its preventive intervention work in close collaboration with community-based and government agency partners, including the Collaboratives, DBH, the District's Department of Human Services (DHS) and Department of Health (DC Health), and other community-based organizations. Preventive interventions focus both on families known to CFSA with an open case and families also known to CFSA but without an open case.
- ▶ Mental Health, Substance Use, and Education MACCAN applauds the use of programs such as Project Connect (for substance abuse) and CFSA's PEER Unit, which provides supportive services by former parents with CFSA-involvement. CFSA identifies PEERS as valuable resources who have successfully reunified and stabilized their families, and now role model success for parents still involved with the child welfare system. The Agency considers these programs in need of expansion, along with additional resources. For example, the PEER Unit reported a caseload of 42 families, which may be high for the current workforce. MACCAN has encouraged CFSA to compile data for strong budget justifications to enhance successful community-based programs for recruitment, retention, and expansion.

- ▶ MACCAN has also expressed concerns about early intervention and special education needs for children in care who are at high-risk for special educational involvement. MACCAN has urged CFSA to continue exploring innovative approaches and services with DCPS and DCPCS to address educational decision-making barriers for early identification and prevention. CFSA recognizes that preventive services require enhanced partnerships and collaborations with other agency sectors, including the juvenile justice system, i.e., the District's Department of Youth Rehabilitation Services. Child welfare involvement overlaps with multiple service sectors and remains an area in need of increasing innovative collaborations with existing workgroups to effect positive prevention outcomes.
- ▶ COVID-19 MACCAN has applauded CFSA's response to the public health emergency of COVID-19, and the Agency's timely and effective emergency planning in response to the pandemic. The Committee recommended that lessons learned from the current pandemic be part of an ongoing risk management plan for future public health emergencies due to disease, weather, safety, etc.

Children's Justice Act (CJA) Task Force is a multi-disciplinary, stand-alone body that works to enhance investigative, administrative, prosecutorial, and judicial processes for child victims of abuse and neglect. The Task Force focuses on child fatalities related to abuse and neglect, commercial sexual exploitation of children (CSEC), and the assessment and investigation of abuse and neglect cases involving children with disabilities or serious health-related problems. The Task Force also makes recommendations for child maltreatment training and legislations for submission to the City Council, the Mayor, organizations, offices or entities within the community.

CFSA coordinates and monitors the CJA grant with one CFSA staff member assigned to serve on the Task Force within the category of child protection agencies. The Task Force also has legal representation from CIP and the Family Court. The Task Force identifies goals for the three subcommittees (training, child welfare/criminal justice, and legislation). CFSA has presented the Task Force with findings from the CFSR, along with progress on the Agency's PIP and APSR.

Every three years, the CJA Task Force undertakes a comprehensive review and evaluation of how the District responds to child maltreatment and makes recommendations for improvements in the three funding categories of (1) investigative, administrative, and judicial handling of cases of child abuse and neglect, (2) model programs to improve trauma in children due to abuse, neglect or sexual trafficking and (3) reform of state laws, policies and procedures.

The three-year assessment in 2019 resulted in the Task Force taking on additional projects. CJA is currently working on 11 projects, four of which began in FY 2019. All following projects are either in planning, implementation or evaluation phases and thus considered ongoing:

- ▶ **Modifying and evaluating the guidance pamphlets entitled *Child Protective Services Investigations: A Guide for Parents (English and Spanish)*. This guide outlines policies and procedures given to families during the investigation process.**
- ▶ **Increasing understanding of the "Handle with Care" model and how it intersects with the Mayor's DC Families First Initiative in order to provide a system of care that is trauma-informed from DCPS to the Metropolitan Police Department (MPD) to child welfare.¹⁶**
- ▶ **Supporting the implementation of HOPE Court, through the provision of funding to help meet the therapeutic needs of CSEC victims.¹⁷**
- ▶ **Modifying the online and in-person mandated reporter training; improving the District's Expungement Law relative to residents being placed on the Child Protection Registry.¹⁸**
- ▶ **Amending the expungement provision of the District's Child Protection Register (CPR) law to create a two-tiered system where an individual's name can be expunged after three or five years for certain findings.**
- ▶ **Providing CSEC training for public and private agency social workers, resource parents, Collaborative workers, MPD, attorneys, mandated reporters and interested community partners.**
- ▶ **Working with District-wide partners to update the CSEC resource guide that details all resources and services available for victims of human sex trafficking.**
- ▶ **Providing training and certification support for a handler of a therapy dog that would support HOPE Court and social workers in Entry Services (CPS Investigations Unit) who are experiencing secondary trauma.**
- ▶ **Developing an educational campaign on the impact of marijuana usage on pregnant, breastfeeding and parenting mothers and caregivers.**

¹⁶ Handle with Care is a trauma-informed approach aimed at ensuring that children who are exposed to violence receive appropriate interventions so they can succeed in school to the best of their abilities.

¹⁷ HOPE (Here Opportunities Prepare you for Excellence) Court is a treatment court established to address the multiple needs of court-involved youth who are victims of commercial sexual exploitation.

¹⁸ The District's Child Protection Register is a confidential index of cases of children who have been determined to be abused or neglected following the completion of a Child Protective Services investigation, and of the individuals listed due to investigative findings that the abuse and neglect of the child was substantiated or inconclusive. A person has the right to appeal the Agency's determination by filing a request with CFSA's Office of Fair Hearings and Appeals. When the final decision of a Program Administrator's Review or a Fair Hearing is to overturn the Agency's decision, the person's name is expunged from the Child Protection Register within 18 days.

- ▶ Revising and re-launching a Safe Sleep Campaign to address fatalities related to safe sleeping practices.
- ▶ Expand the offering of a District-wide domestic violence training.

Over the next three years, the Task Force will continue to work on these projects, in addition to financially supporting any training or therapeutic activities related to improving the three aforementioned funded categories. The Task Force submitted its application and work plan for proposed activities over the next three years (2020-2022) on May 29, 2020 to the Children’s Bureau.

FY 2022 APSR Update

Project Updates

CFSA submits the CJA annual program report and grant application to the Children’s Bureau on an annual basis. The program report outlines the expenditure of CJA grant funds as well as the programs undertaken by the CJA Task Force.

- ▶ **Child Protective Services (CPS) Investigations: A Guide for Parents** CPS investigative social workers provide this guide to families during the investigation process. The guide outlines policies and procedures and explains the investigation process. The CJA Task Force continues to work with CPS and the PEER Unit to ensure the guides are clear, useful, and up to date.
- ▶ **Handle with Care** CJA continues to explore efforts to ensure that key components of the Handle with Care model are woven into the District’s overall trauma-informed system of care. The model is currently set to receive a closer look by the Executive Office of the Mayor.
- ▶ **Hope Court** CJA has provided Hope Court with therapeutic items for the youth who pass through the court, as well as ongoing financial support for “Pepper,” the therapy dog, and her trainer. Pepper has been able to appear virtually during the pandemic. Given COVID-19, efforts to bring Pepper to CFSA CPS have been discontinued.
- ▶ **Mandated Reporter Training** The modification of the online mandated reporter training is in progress and scheduled for launching in July 2021.
- ▶ **Expungement Proposal** CJA is exploring the possibility of other agencies taking the lead on the proposed legislative changes to the District’s Child Protection Register (CPR) law. At present, the law requires lifelong data entry of substantiated or inconclusive dispositions after an investigation of child maltreatment. The expungement proposal suggests a two-tiered system where an individual’s name can be expunged after three or five years for certain findings.

- ▶ CSEC Training CJA continues to support the opportunity for CSEC training for public and private agency social workers, resource parents, Collaborative workers, MPD officers, attorneys, mandated reporters and interested community partners. The Task Force will no longer work to update the CSEC resource guide as there is a larger DC Human Trafficking Victim Service Providers Directory.
- ▶ Marijuana and Your Baby Pamphlet CJA supported CFSA's efforts to develop an educational pamphlet on the dangers of marijuana use for pregnant and breastfeeding mothers. The Agency released digital versions of the pamphlets to staff in April 2021 with hard copies soon to follow.
- ▶ Safe Sleep Campaign In FY 2021, CJA learned that the District's Office of the Chief Medical Examiner started a campaign related to safe sleep. To prevent duplication of efforts, the Task Force is deferring to the Citywide Child Fatality Review Committee and the grant they received to lead this effort.
- ▶ Domestic Violence Training The Task Force will continue to explore the expansion of District-wide domestic violence trainings and focus on assisting CPS staff in identifying and responding to families affected by domestic violence as well as childhood exposure to domestic violence.

The Citizen Review Panel (CRP) is a locally¹⁹ and federally mandated, voluntary group of DC residents who serve as an external, independent oversight body for the District's child welfare system. CRP examines the policies, practices, and procedures of CFSA and any other District government agency or community-based provider that provides services to children who are at risk of abuse and neglect, or who are already victims of abuse and neglect and currently in foster care. The mayor appoints eight of CRP's 15 members, while DC Council appoints the remaining seven members. CRP currently has two working group committees. One addresses services provided to children in their homes (in contrast to services provided in foster care). The other addresses services to youth who are aging out of foster care. At quarterly meetings, the CRP often hears from outside speakers and invites them to share recommendations, which the CRP itself may endorse. CRP's major responsibility is preparation of an annual report that compiles recommendations to improve services to children and older youth. The report has three major sections: an introduction and overview of CRP's functions and responsibilities, in-home services, and a section on youth aging out of foster care. A conclusion offers final recommendations alongside forward-looking thoughts. CFSA is legally required to reply to the recommendations, which the Agency includes in the APSR submission. CFSA also attends the CRP quarterly meetings to hear feedback directly from CRP members and to provide information about how CFSA has already addressed or plans to address areas of need.

¹⁹ DC Code - <https://code.dccouncil.us/dc/council/code/titles/4/chapters/13/subchapters/1/parts/B/>

FY 2022 APSR Update

The CRP currently has one working group that addresses services to youth who are aging out of foster care. This group has held interviews with youth in care and surveyed foster parents who care for older youth. They are working on compiling the report to capture the research conducted and identified recommendations. A second working group on newborn positive toxicology is being explored with the goal of offering CFSA information and additional knowledge to enhance the delivery of case management services to decrease the likelihood of families reengaging with CFSA.

CFSA's Director and Principal Deputy Director have begun attending CRP meetings upon request to provide CFSA updates. The CFSA grant monitor and supervisor also meet with the CRP facilitator, Chair and Co-Chair on a quarterly basis to check in and discuss any open issues and needs.

Internal Stakeholders

The Office of the Ombudsman is an internal CFSA office that ensures the public a point of contact for communicating concerns directly to the Agency. The ombudsman also serves as CFSA's impartial liaison for constituents (i.e., children, older youth, birth parents, resource parents, kinship caregivers, guardians, adoptive parents, mandated reporters, concerned citizens, and contractors). The ombudsman receives calls from any constituent seeking resolutions to issues related to promotion of child safety and well-being. The ombudsman will review all constituents' concerns and will also record the receipt and outcomes of all reported concerns. Finally, the ombudsman identifies trends and systemic issues, brings them to the attention of CFSA management and staff, and recommends internal procedures to accomplish program goals. Click [here](#) to see the *Office of the Ombudsman 2019 Annual Report* submitted to DC Council's Health and Human Services Committee in early 2020.

FY 2022 APSR Update

Click [here](#) to see the *Office of the Ombudsman 2020 Annual Report* submitted to DC Council's Health and Human Services Committee in early 2021.

The CFSA Internal Child Fatality Review (ICFR) Committee comprises representation from CFSA leadership, the CFR Unit, the Office of the General Counsel, the Center for the Study of Social Policy (CSSP), and the Office of the Chief Medical Examiner (OCME). At each monthly meeting, CFR Unit staff presents the committee with details of individual fatality cases for any child known to the Agency within five years of the child's death. Presentations emphasize practice issues and any identified themes related to the family's service needs during any involvement

with CFSA. The CFR Unit also tracks data on all fatalities for inclusion in the CFSA Annual CFR Report. In-depth committee discussions among membership may result in recommendations for practice changes. CFSA leadership reviews and vets these recommendations according to the assigned administration. If leadership accepts the recommendations as viable and achievable, the assigned administration provides the CFR Unit with details on next-step activities and time frames. The CFR Unit also tracks these recommendations for follow-up and inclusion in the Annual CFR Report. As of January 2020, the updates to the Child Fatality Review Policy define, within the larger statutory requirements, the child-specific criteria that would warrant a CFSA fatality review. The policy also clarifies the actual review process, specifically addressing the framework through which the review committee arrives at recommendations for policy and practice improvements, and standards for ongoing progress reporting on the Agency's action steps. The CFR Committee reviewed the Child Fatality Review Policy in FY 2020 prior to the Policy Unit incorporating the committee's feedback and recommendations for finalization of the document.

FY 2022 APSR Update

In FY 2020, the ICFR extended its membership to include representatives from contracting foster care partners, the National Center for Children and Families (NCCF) and Children's Choice. The Agency's progress in developing and further implementing recent ICFR recommendations is described later in this report, in the section *Efforts to Track and Prevent Child Maltreatment Deaths*.

2. Surveys and Focus Groups

CFSA gathered stakeholder perceptions from input and feedback through focus groups, interviews and on-line surveys with internal and external stakeholders. Findings were used to inform the 2019 Needs Assessment,²⁰ the 2015-2019 Annual Progress and Services Report (APSR), and the development of the 2020-2024 Child and Family Services Plan. CFSA also held three stakeholder meetings (as described above) and facilitated discussions on the Agency's practice, service needs, and barriers to supports and services.

Regarding the Needs Assessment surveys, via CFSA's Office of Public Information, OPPPS distributed two self-administered online surveys: one survey captured the voices of youth, birth parents and resource parents while a second survey captured the voices of child welfare professionals, both within and outside of CFSA. A total of 271 respondents accessed the survey. Of those, 135 respondents fully completed the survey and 136 partially completed the survey.

²⁰ CFSA's annual *Needs Assessment* provides an analysis of data inform the Agency's *Resource Development Plan*, the Agency's "road map" for service development priorities.

A total of 22 youth, birth parents and resource parents participated in focus groups. For birth parents and youth only, CFSA provided incentive gift cards for participation in focus groups, although they had the option to complete a survey if that was their preference. To further encourage youth participation, the Office of Youth Empowerment (OYE) sent text messages as reminders to youth. To encourage birth parent participation, each birth parent’s assigned PEER²¹ supported completion of a survey, either in person or over the phone.

Although the count of birth parent participants slightly exceeded last year’s count, OPPPS still scheduled an extra focus group to garner additional feedback, collaborating with a birth parent advocacy organization, Parent Watch DC. This organization co-facilitated the session and helped to encourage birth fathers and birth mothers to participate so that CFSA could integrate ongoing and continuous feedback from these crucial stakeholders. While overall the surveys and focus groups provide valuable insight, they are not a representative sample and the information cannot be generalized across the population.

Survey Respondents

Type of Survey Respondent	# of Participants who Accessed the Survey	# and % of Participants who Completed the Survey
Youth, Birth Parent and Resource Parent	72	39 (54%)
Child Welfare Professional	199	96 (48%)
Total Survey Respondents	271	135 (50%)

Source: 2019 Needs Assessment Survey

OPPPS sent the child welfare professional survey through CFSA and external partner listservs to persons with the affiliations listed below.

Survey Respondent Agencies/Affiliations

Agencies/Affiliations
1. DC Child and Family Services Agency (CFSA)

²¹ The parent engagement education resource specialists (PEERS) are CFSA employees who themselves have had past experience as birth parents with the District’s child welfare system. PEERS function as mentors and advocates for mothers and fathers currently involved with CFSA.

Agencies/Affiliations
2. Private Foster Care Agency (i.e., NCCF, LSS or LAYC) ²²
3. Group Home (e.g., Independent Living, Residential Facility)
4. DC Government Agency
5. Community-Based Organization
6. DC Superior Court
7. Advisory Committee (e.g., MACCAN, Citizen Review Panel)
8. DC Government Agency
9. Other Stakeholders ²³

Source: Office of Planning, Policy and Program Support

The following survey responses resulted from the total 199 child welfare professionals who accessed the survey:

- ▶ 61 percent (n=121) were CFSA employees
- ▶ 16 percent were “Other” employees (n=32)
 - Faith-based organization
 - Advocacy organization
 - Direct child-serving or childcare facility
 - Children’s Law Center
 - DC Kincare Alliance
 - Children’s National Health Center
 - Center for the Study of Social Policy
- ▶ 6 percent were DC Government agency employees (n=12)
- ▶ 5 percent were community-based organization employees (n=10)
- ▶ 4 percent were respectively from both private foster care agencies (n=8) and group home or residential providers (n=8)

²² NCCF (National Center for Children and Families), LSS (Lutheran Social Services), and LAYC (Latin American Youth Center) are CFSA’s three contracted child placing agencies. NCCF serves all children placed in Maryland while LSS serves unaccompanied refugee minors and LAYC serves the Spanish-speaking families.

²³ Faith-based organizations, advocacy organization, direct child-serving facilities, childcare facilities, Children’s Law Center, DC Kincare Alliance, Children’s National Health Center, Center for the Study of Social Policy

2 percent were respectively from both DC Superior Court (n=4) and advisory committees (n=4)

OPPPS staff developed and conducted the focus group protocols intended for use by 8-12 stakeholders at a time. Although OPPPS tailored the questions to each group, the general content of the questions remained similar. Facilitators received listservs from internal and external points of contact for youth, birth parents, and resource parents and then sent Evites to all emails and phone numbers. OPPPS permitted focus group participation by conference call and allowed survey responses via telephone call. OPPPS did conduct a birth parent focus group but the PEERS also requested to facilitate the completion of surveys to ensure a certain comfort level for birth parents to respond as honestly as possible.

FY 2022 APSR Update

Surveys and Focus Groups

In order to close the feedback loop on needs, strengths and areas in need of improvement from the FY2021 APSR Update and Needs Assessment, OPPPS held debriefing sessions in the Fall 2020 with units within Entry Services (CPS and In-Home), Programs Operations, Office of Well-being, Child Welfare Training Academy, Office of Planning, Policy and Program Support, Child Information System Administration and Community Partnerships. Results and action steps from these debriefings will be included throughout the FY 2022 APSR qualitative updates. The feedback loop will include OPPPs reviewing the progress on each action step with units by Fall 2021 as part of the Needs Assessment process.

Moreover, in March 2021, the annual Needs Assessment²⁴ that directly informs CFSA's Resource Development Plan underwent a Lean Event.²⁵ The Needs Assessment is designed to assist child welfare decision-makers in identifying the resources and services that are essential to improving the safety, well-being and permanency of children in the District of Columbia's child welfare system. The Lean Event allowed staff to review the needs assessment process and components with internal and external stakeholders and reimagine the needs assessment as a process, culminating in a report, based on feedback. This reimagining would support greater collaboration and efficiency around the compiling, analysis and reporting out of program data based on population needs. Due to the Lean Event, Needs Assessment surveying and data output were improved and thus not captured in the same way as previous years.

²⁴ CFSA's annual Needs Assessment provides an analysis of data inform the Agency's Resource Development Plan, the Agency's "road map" for service development priorities.

²⁵ Lean is a plan, act, do and check model designed to help government systems identify then implement the most efficient, value added way to provide services.

Lean Event Stakeholder Feedback

Stakeholders included the agency director, leadership and staff from each administration. The following feedback was included for how to improve the data gathering and collaborative processes for the Needs Assessment:

- ▶ What problem(s) does the Agency need to solve based on data and goals achieved and those not yet achieved?
- ▶ Providing historical data that captures utilization clearly. In order to understand the effectiveness of services the following must be answered:
 - What was spent on the service in past year?
 - Who/How many clients were served?
 - What was the trend line for spending for the service (over X years)?
 - What outcomes/What impacts have been evidenced by those dollars spent on the service (annually and over X years)?
 - Can this service be better utilized if implemented as a cross-divisional partnerships within the Agency?
- ▶ Always use the previous year's findings as a baseline on where we are with recommendations.
- ▶ Encourage a more collaborative process and feedback loop by creating spaces and forums for internal and external stakeholders to make the Needs Assessment more available to read and provide input on. This includes considering existing forums to engage staff and stakeholders around findings from the needs assessment as well as from focus groups or surveys conducted by different Administrations a part from OPPPS.

CFSA gathered internal and external stakeholder input and feedback through focus groups and on-line surveys. CFSA used these findings to inform the 2021 Needs Assessment and this year's APSR.

Via CFSA's Office of Public Information, OPPPS distributed two self-administered online surveys. One survey captured the voices of youth, birth parents and resource parents while a second survey captured the voices of child welfare professionals, both within and outside of CFSA. As mentioned above, due to the Lean Event, not all questions were the same this year but for those that were, trends were captured over the past three-year period. A combined total of 227 respondents accessed the survey. Of those, 108 (48 percent) respondents fully completed the survey and 119 partially completed the survey.

A total of 49 respondents, including birth parents (n=9), resource parents (n=16) and staff (n=24) participated in virtual focus groups. For birth parents and youth only, CFSA provides incentive gift cards for participation in focus groups. To further encourage youth participation, the Office of Youth Empowerment (OYE) sent text messages as reminders to youth. To encourage birth parent participation, PEERs²⁶ requested birth parents to either participate in a focus group or complete the online survey. Despite efforts to engage and incentive the process, participation from birth parents in the survey was low and youth voice was not captured in time for this year’s APSR submission but will be included in next year’s submission.

While overall the surveys and focus groups provide valuable insight, they are not a representative sample and the information cannot be generalized across the population. Nevertheless, the surveys and focus groups provide themes that the Agency can track year to year and explore more deeply with stakeholders and staff during listening sessions, town halls, and focus groups.

Survey Respondents

Type of Survey Respondent	# of Participants who Accessed the Survey	# and % of Participants who Completed the Survey
Youth, Birth Parent and Resource Parent	59	22 (37%)
Child Welfare Professional	168	86 (51%)
Total Survey Respondents	227	108 (48%)

Source: 2021 Needs Assessment Survey

OPPPS sent the child welfare professional survey through CFSA and external partner listservs to persons with the affiliations listed below.

Survey Respondent Agencies/Affiliations

Agencies/Affiliations
1. DC Child and Family Services Agency (CFSA)

²⁶ The parent engagement education resource specialists (PEERS) are CFSA employees who themselves have had past experience as birth parents with the District’s child welfare system. PEERS function as mentors and advocates for mothers and fathers currently involved with CFSA.

Agencies/Affiliations

2. Private Foster Care Agency (i.e., NCCF, LSS, LAYC or Children’s Choice)²⁷
3. Congregate Care Facility (e.g., Group Home, Independent Living, Residential Facility)
4. DC Government Agency
5. Community-Based Organization (CBO)
6. DC Superior Court
7. Advisory Committee (e.g., MACCAN, Citizen Review Panel, Children’s Justice Act)
8. Other Stakeholders²⁸

Source: Office of Planning, Policy and Program Support

The following survey responses resulted from the total 168 child welfare professionals who accessed the survey (*overall less participants but similar percentage breakdowns from FY20*):

- ▶ 49.4 percent (n=83) were CFSA employees
- ▶ 16.7 percent identified their employer type as “Other” (n=28)
 - Educational Institution (e.g., Charter School)
 - Advocacy organization (e.g., DC’s Missing Voice, Human Rescue Alliance, DC Safe)
 - Children’s Law Center
 - Sex Trafficking Organization (e.g., Fair Girls, Courtney House)
 - Children’s National Medical Center
 - Private Practice (e.g. legal, health)
 - Collaboratives
- ▶ 12.5 percent were Community-based organization employees (n=21)
- ▶ 10.1 percent were DC Government Agency employees (n=17)
- ▶ 4.2 percent were Advisory Committees (n=7)
- ▶ 3.6 percent were DC Superior Court (n=6)

²⁷ NCCF (National Center for Children and Families), LSS (Lutheran Social Services), and LAYC (Latin American Youth Center) and Children’s Choice are CFSA’s four contracted child placing agencies. NCCF serves all children placed in Maryland while LSS serves unaccompanied refugee minors and LAYC serves the Spanish-speaking families. Children’s Choice, a recent placement array addition, serves youth with more intensive needs.

²⁸ Educational institution, advocacy organization, childcare facilities, Children’s Law Center, legal entities, local private practitioners and service providers, Children’s National Health Center and the Center for the Study of Social Policy.

- ▶ 1.8 percent were Congregate Care Facility (e.g., Group Home, Independent Living, Residential Facility, etc.) (n=3)
- ▶ 1.8 percent were Private Foster Care Agencies (n=3)

FY 2021 APSR Update

Surveys and Focus Groups

CFSA gathered internal and external stakeholder input and feedback through focus groups and on-line surveys. CFSA used these findings to inform the 2020 Needs Assessment²⁹ and this year's APSR.

Via CFSA's Office of Public Information, OPPPS distributed two self-administered online surveys. One survey captured the voices of youth, birth parents and resource parents while a second survey captured the voices of child welfare professionals, both within and outside of CFSA. The process and survey questions were similar to last year's questions for the purpose of tracking feedback and monitoring progress across the same variables over time. A combined total of 384 respondents accessed the survey. Of those, 196 (51 percent) respondents fully completed the survey and 188 partially completed the survey.

A total of 18 youth (n=7) and resource parents (n=11) participated in virtual focus groups. The birth parent focus groups were unable to be held in time for this year's APSR submission, but the groups are scheduled to occur virtually during the summer. For birth parents and youth only, CFSA provides incentive gift cards for participation in focus groups. To further encourage youth participation, the Office of Youth Empowerment (OYE) sent text messages as reminders to youth. To encourage birth parent participation, each birth parent's assigned PEER³⁰ supported completion of a survey, either in person or over the phone.

While overall the surveys and focus groups provide valuable insight, they are not a representative sample and the information cannot be generalized across the population. Nevertheless, the surveys and focus groups provide themes that the Agency can track year to year and explore more deeply with stakeholders and staff during listening sessions, town halls, and focus groups.

²⁹ CFSA's annual *Needs Assessment* provides an analysis of data inform the Agency's *Resource Development Plan*, the Agency's "road map" for service development priorities.

³⁰ The parent engagement education resource specialists (PEERS) are CFSA employees who themselves have had past experience as birth parents with the District's child welfare system. PEERS function as mentors and advocates for mothers and fathers currently involved with CFSA.

Survey Respondents

Type of Survey Respondent	# of Participants who Accessed the Survey	# and % of Participants who Completed the Survey
Youth, Birth Parent and Resource Parent	110	57 (52%)
Child Welfare Professional	274	139 (48%)
Total Survey Respondents	384	196 (51%)

Source: 2020 Needs Assessment Survey

OPPPS sent the child welfare professional survey through CFSA and external partner listservs to persons with the affiliations listed below.

Survey Respondent Agencies/Affiliations

Agencies/Affiliations
1. DC Child and Family Services Agency (CFSA)
2. Private Foster Care Agency (i.e., NCCF, LSS, LAYC or Children’s Choice) ³¹
3. Group Home (e.g., Independent Living, Residential Facility)
4. DC Government Agency
5. Community-Based Organization
6. DC Superior Court
7. Advisory Committee (e.g., MACCAN, Citizen Review Panel)
8. DC Government Agency
9. Other Stakeholders ³²

Source: Office of Planning, Policy and Program Support

³¹ NCCF (National Center for Children and Families), LSS (Lutheran Social Services), and LAYC (Latin American Youth Center) and Children’s Choice are CFSA’s four contracted child placing agencies. NCCF serves all children placed in Maryland while LSS serves unaccompanied refugee minors and LAYC serves the Spanish-speaking families. Children’s Choice, a recent placement array addition, serves youth with more intensive needs.

³² Faith-based organizations, advocacy organization, direct child-serving facilities, childcare facilities, Children’s Law Center, DC Kincaid Alliance, Children’s National Health Center, Center for the Study of Social Policy

The following survey responses resulted from the total 274 child welfare professionals who accessed the survey:

- ▶ 49.3 percent (n=135) were CFSA employees.
- ▶ 17.5 percent were Community-based organization employees (n=48).
- ▶ 15.3 percent identified their employer type as “Other” (n=42).
 - Educational Institution (e.g., OSSE, DC Prep, DC International School, Education Forward DC)
 - Advocacy organization (e.g., Parent Watch, Foster Parent Alliance)
 - CASA DC
 - Children’s Law Center
 - Sex Trafficking Organization (e.g., Fair Girls, Courtney House)
 - Children’s National Medical Center
 - DC Hospital
 - Center for the Study of Social Policy (CSSP)
 - Private Practice (e.g. legal, health)
 - Office of the Attorney General (OAG)
 - Collaboratives
 - Mayor’s Services Liaison Office
 - Housing organization (e.g., House of Ruth, District Alliance for Safe Housing)
- ▶ 6.2 percent were DC Government Agency employees (n=17).
- ▶ 4.7 percent were Group Home/Residential Providers (n=13).
- ▶ 3.3 percent were DC Superior Court (n=9).
- ▶ 2.6 percent were Advisory Committees (n=7).
- ▶ 1.1 percent were Private Foster Care Agencies (n=3).

Summary Findings: Focus Groups with Youth

Among the feedback received, youth indicated challenges with mixing therapeutic and traditional youth in the same placements, and not having onsite mental health services, conflict resolution services, or onsite psychiatric services. Youth also felt that CFSA missed opportunities to identify a youth’s kin when the youth already had a connection with that relative, even if a birth parent did not provide the name of the relative. Youth felt that kin needed more financial resources to be providers. Youth also shared that residential placements can feel “like jail,” i.e., the youth feel “imprisoned” for acts that are not necessarily criminal. In some instances, youth felt that placements were not good matches and resource parents did not have the training or skill sets to handle or help a youth with their challenges, history, trauma, or behaviors. Youth

expressed challenges with being in a Maryland placement without easy access to local transportation or without a personal vehicle to access a DC service.

With regard to useful services, youth and resource parents found tutoring to be a positive support. Youth also mentioned that having a mentor and CASA were useful supports.

FY 2022 APSR Update

In FY 2020, CFSA conducted and supported several activities to obtain youths' observations and recommendations on foster parent supports, OYE services, and the preparation for the transition from foster care to independent living.

In FY 2020, OYE developed a survey to more fully understand the youth perspective on the ideal foster care placement and case management team. Twenty-four youth responded to the survey. The following data was gathered from questions answered:

- ▶ 14 out of 16 youth indicated an understanding of house rules.
- ▶ 11 out of 16 youth agreed that house rules were fair.
- ▶ 10 out of 16 youth felt that their foster parent treats them like one of their own children.
- ▶ 11 out of 16 youth felt their foster parent provides effective support when needed
- ▶ 10 out of 16 youth felt that their foster parent effectively assists with their transition to independence.
- ▶ 7 out of 13 youth indicated understanding of available services related to OYE supports and case management.
- ▶ 11 out of 13 youth feel comfortable asking for support.
- ▶ 10 out of 13 youth reported receiving effective support when needed.

Thus far in FY 2021, OYE has held three focus groups with the Youth Council. In December 2020 discussion topics included the impact of COVID-19, the importance of engagement and participation in the webinars held by OYE, and youth interest regarding the development of a youth-led resource website. During the discussion on COVID-19, the youth talked about the need for employment and described their difficulties with distance learning. In January 2021, the discussion centered around what type of webinars would help increase youth participation as it relates to guest speakers and career interest. Youth talked about the need to make the sessions more interactive and/or provide financial incentives when possible. Other suggestions included having gender-based groups and increasing CFSA's social media presence. In March 2021, the focus group centered on overall Agency improvement. The youth recommended different practices for identifying foster parents for older youth and also suggested increased youth presence at trainings in order to provide recommendations on how to interact with older youth.

FY 2021 APSR Update

Focus Groups with Youth

Seven youth participating in a focus group provided feedback. The following group demographics were included among the seven youth:

- ▶ Mix of youth in family-based care and congregate care
- ▶ Case management from CFSA and Mary Elizabeth House, Inc³³.
- ▶ Two males, five females
- ▶ Three pregnant and parenting youth (all female)
- ▶ Two youth indicated being in college, one had full-time employment
- ▶ Range of youth ages during focus group: 18 to 21 years old
- ▶ Range of ages as of youth during last foster care episode: 10 to 17 years old
- ▶ As of the last foster care episode, youth have been in care between 3 and 9 years, average being 5 years
- ▶ All youth experienced a re-placement; at least three were re-entries after finalization of reunification or guardianship

Youth indicated the need to maintain an array of placements, including homes in urban environments with transportation access as well as independent living and congregate care settings. At least six of the seven youth felt that the Agency sufficiently tried to connect them with kin throughout their case. However, the youth also felt that their birth parents could have benefited from additional supports to help with parenting (e.g., teaming with parents and financial support). Youth mentioned that some of them fared better in congregate care versus a foster home while acknowledging that other youth may not have that same need. Youth felt that sometimes the Agency moves too quickly to placement or permanency. Youth suggested meeting their resource parents prior to being placed with them as part of the placement matching process. Regarding permanency, one youth recommended that there be a one-year trial period with a prospective adoptive or guardian prior to finalization.

Regarding useful services, youth found tutoring and mentoring to be an essential service and effective when the provider caters to the need of the youth identified. Resources needed but not always provided included parenting classes for youth with children and life skills courses. All youth pressed the importance of advocating for themselves and quality social workers and resource parents as support systems for the youth to be successful through foster care.

³³ The Mary Elizabeth House, Inc. supports the positive development of young, single mothers through life-skills training, education and workforce guidance, counseling, and housing.

Summary Findings: Focus Groups with Birth Parents

The table below highlights common threads identified by birth parents receiving in-home services and foster care services. Gray cells indicate that the respondents did not have a comment on that particular question.

In Home Birth Parents			Foster Care Birth Parents	
Services Received	Services Needed	Common Needs	Services Received	Services Needed
Food Stamps/Vouchers	Additional food assistance	Additional food assistance	Food Stamps/Vouchers	Additional food assistance
Furniture vouchers	Gift Cards	Financial support for general home/life needs (furniture, clothing, food, etc.)	Day care for child in care	Furniture vouchers and appliances
Community Connection and Supports (e.g., church, Food Banks, relatives)	Mental Health services including therapy (parent and child)	Therapy (parent and child)	Mental Health services including therapy (parent and child)	Mental Health services including therapy (parent and child)
Job Support (depending on worker or program)	Employment	Employment	Job Support (depending on worker or program)	Employment
	Housing	Housing	Public/Rapid Housing	Housing
	Youth Programs (Big Brother Big Sister, Summer Camps)	Youth Programs (Big Brother Big Sister, Summer Camps)	Parenting Classes	Youth Programs (Big Brother Big Sister, Summer Camps)
			TANF	Transportation
				Clothing vouchers (when child is returning home or coming for overnight visits)

Birth parents also indicated the following key entities for providing useful services: Wendt Center for Loss and Healing (for therapy); A Wider Circle (for employment assistance and donation closet, churches, food pantries); MBI Health Services (for therapy); Bread for the City (food, clothing, medical care, and legal and social services); Martha's Table (education programs, healthy food, and family supports); PSI Family Services Inc. (child care), Hillcrest (behavioral health services); Far Southeast Collaborative (family support services); and Project Empowerment (employment).

FY 2022 APSR Update

Focus Groups with Birth Parents

In September 2020, five small focus groups were held to discuss matters of safety, permanency and well-being with birth parents who have children in the DC child welfare system. A total of 9 birth parents and 3 PEERs participated across the scheduled focus groups. The groups were facilitated by members of OPPPS and a birth parent community advocate from ParentWatch Inc. Birth parent participants identified were a subset of the universe of birth parents with a goal of reunification. OPPPS staff were able to confirm 8 percent of participants from the universe of birth parents (n=9/110). Participants had one to five children born to them and were substantiated for allegations of neglect (e.g., educational, inadequate housing) and physical abuse of children under the ages of 13 years old.

Parents expressed a desire to be reunited with their children and felt they were working diligently to see that outcome to fruition. However, each parent had a different experience with the Agency depending on the social worker managing their case. Parents are as aware of services and navigating the system as their social workers are; if a social worker is unclear about a resource or process the birth parent is often left confused as well unless a PEER is involved on the case to assist with navigating both the system and resources (e.g., housing, educational support for child). Birth parents, without a PEER, expressed being more unclear of the child welfare process and what to expect when they and their child enters the system. Facilitators were made aware that PEERs are sharing and walking birth parents through the CPS Investigation guides created by Entry Services and paid for by the Children's Justice Act Task Force. However, it is unclear if the guides are being used in each initial meeting between a social worker and birth parent to mitigate their fear and lack of system knowledge.

Respondents highlighted a need for CFSA staff to have cultural humility training that requires increased communication and responsiveness without stigma placed on birth parents as well as understanding trauma for both the child and parent were themes across birth parents

interviewed. Moreover, the need and benefit for each parent to be connected to a PEER was evident.

FY 2021 APSR Update

Focus Groups with Birth Parents

Due to the COVID-19 pandemic, advocates of birth parents requested the focus group timeframe to be extended. OPPPS considered the time and well-being of the birth parents being served and made the decision to work more closely with the PEERs to recruit birth parents for the focus group and to plan for the group to occur between July and August. OPPPS will report the outcome of themes from the birth parent focus group in next year's APSR. The group will include birth parents with the goal of reunification. Another group will occur in the fall with a more diverse cohort of birth parents led by the District of Columbia family advocacy group, Parent Watch.

Summary Findings: Focus Groups with Resource Parents

Most resource parents' experiences varied by case management agency as well as by needs of the child in their care. For the beginning of the fostering journey, resource parents recommended that the Agency's Child Welfare Training Academy focus more on trauma instead of the actual process (e.g., services and supports, visitation, meetings, people on the child's team, and hands-on preparation, etc.). In different forums, resource parents wanted more information about the day-to-day processes. Resource parents added positive feedback regarding tabletop trainings. These trainings addressed specific needs of children in the home with the resource parent. Resource parents also found some of the initial key practices and processes to be helpful (when consistent), e.g., icebreakers to prepare for shared parenting.³⁴ Resource parents also asked to receive birth parent schedules in advance to set up ice breakers.

When discussing the placement process, resource parents were unclear as to how the process worked with regard to planned placements and unplanned placements. Resource parents generally felt unprepared and unqualified. These feelings were due to a lack of information or vague details provided about the child or youth during the transfer into the home. One resource parent recommended that social workers explain the placement process step-by-step, including how the Agency matches children to foster placements.

³⁴ The shared parenting model provides an "ice breaker" opportunity for birth parents and resource parents to meet in a comfortable environment, share information about the child in foster care, and get to know one another in hopes of establishing rapport. Once rapport is established, the two parents can align their communication styles, approaches to discipline, etc. for consistency and well-being of the child they both parent.

Participants' awareness of services varied as well. On occasion a few resource parents had knowledge of resources that others needed but did not know existed (e.g., tutoring). One resource parent had utilized expressive therapy,³⁵ mentoring, and case management. The parent noted that all of them were effective. In general, childcare, respite, and transportation were considered useful and essential services for these resource parents.

One resource parent mentioned that CFSA's contracted agency, Adoptions Together, provided a grief and loss support group that was helpful to address grief after a child achieved permanency and left the resource home. This service was especially helpful when a child had been living in the same resource home over an extended period of time, and the resource parent had bonded.

FY 2022 APSR Update

Focus Groups with Resource Parents

Over the past three years, The Parent Advisory Committee (PAC) has expressed concerns of service delivery in multiple areas, however the two primary areas of concern were 1) well-being for resource parents and 2) case transition planning required workgroups to identify appropriate and feasible solutions.

OPPPS and Program Operations in partnership with FAPAC held four, two-hour WebEx workgroup sessions between February and April 2021 comprising resource parents and CFSA staff. Concerns from resource parents connected to partner agencies was documented and provided to the respective agency. In each session 8-10 persons from both cohorts of resource parents and staff were in attendance; a collective of 27 participants engaged in these groups.

Outreach for participants targeted resource parents involved in a BOND group, kin, traditional, CFSA and private agencies resource parents. Resource parents experienced with older youth, infants, special needs, disruptions, and no disruptions were also invited. Staff in attendance included non-management and managers from training, well-being, entry services (CPS-I and In-Home), kinship, permanency, recruitment, and informational technology.

To improve the feedback loop between the Agency and its resource parent partners, CFSA planned short term solution focused workgroups to address the unresolved issues specific to foster parent wellness and transition planning identified by resource parents and the PAC. The workgroups were charged with identifying measurable solutions and the steps required to successfully achieve each solution identified during the workgroup meetings. Recommendations

³⁵ Expressive therapies may include writing, movement, art, music, and animal-assisted therapy.

from the workgroups will be used to develop policy and practice recommendations that serve to further support the resource parents who play a critical role in the foster care system.

Staff agrees that many of the concerns or unresolved issues were known and were either resolved but the information was not relayed to resource parents or is currently being addressed. Themes from the unresolved issues led to three primary areas in need of improvement with a total of 21 recommendations in the areas of Information Gathering, Resource Parent Support and Placement Matching and Transition. As each concern, recommendation, and current status of any action on the recommendation were reviewed, participants were asked:

- ▶ Were you aware of this policy/practice/resource?
- ▶ For those who heard about it, how did you receive that information?
- ▶ For those who didn't hear about it, how best do you receive information?
- ▶ Whether you have experienced this practice or not, are there any barriers not captured?
- ▶ Are there any recommended next steps not captured?

Following the four workgroups, recommendations were broken down further into six categories for the appropriate CFSA teams to address: Communication to Resource Parents, Crisis Management, Placement and Respite, Quality Assurance, Recruitment and Licensing, and Teaming. While a monitoring plan is currently under development, the feedback loop will include Program Operations categorizing the following recommendations by short and long-term activities.

In addition, CFSA will update resource parents on the status of each recommendation during PAC and Feedback and Fellowship meetings. OPPPS staff will also support the monitoring of each activity.

Recommendations Highlighted by Category
Communication
<ul style="list-style-type: none"> • Allow previous resource parents to touch base with the new foster parent to share information; icebreakers between resource parents
<ul style="list-style-type: none"> • Communicate resources and case information timely
<ul style="list-style-type: none"> • Develop contact list for workers and post for resource parents on website; Identify "conflict resolution" and how we put processes in place. Who is the neutral party- social worker supervisor or program manager
<ul style="list-style-type: none"> • Discussion with resource parents and support workers about the use of "unavailable" someone on vacation this week might be ok with being called for a placement that is going to happen

Recommendations Highlighted by Category
<ul style="list-style-type: none"> • Ensure consistency with use of resource parents' photos; ID when/if they have to take kids to the Doctor early on in placement and may not know name and/or any info about the child
<ul style="list-style-type: none"> • Explore a dedicated OPI person for Resource Parents
<ul style="list-style-type: none"> • FAPAC and Agency can work together to have a vetted list of providers to provide to resource parents
<ul style="list-style-type: none"> • Make sure passport packets are available- even after hours and check-in with resource parents
<ul style="list-style-type: none"> • Place info, forms, tip sheets on a portal where all resource parents can have access; Develop Tip Sheets, Resource Sheets to go into Passport that help you as a resource parent know what to do during a challenge (get help to develop this from long-term foster parents) e.g., like telephone tree by stabilization support resource and age-range of child.
<ul style="list-style-type: none"> • Re-examine the reasons why the resource parent site is password protected for prospective parents- it may not be necessary
<ul style="list-style-type: none"> • Self-pace refresher training course on resourcefulness and documents; resource parents (maybe in training) should develop their 5 questions that they will always ask before taking a placement
<ul style="list-style-type: none"> • Update resource parent matching preferences annually at relicensing
Crisis Management
<ul style="list-style-type: none"> • Offer MANDT training to resource parents; Communicate REACH more widely
Placement and Respite
<ul style="list-style-type: none"> • Improve availability of respite for CFSA and NCCF; Use resource parents who don't want to do long term placements, or need a break from long term placements, or post adoption, or a myriad of other families for respite only and attach one to each BOND squad
<ul style="list-style-type: none"> • Improve use of technology for placement and communicate process to resource parents
Quality Assurance
<ul style="list-style-type: none"> • Add "relationship to resource parents" into the annual performance goals to assess good work and not so good work to create training and practice learning opportunities
<ul style="list-style-type: none"> • Follow-up on exit process with Ombudsman and whether it's been effective on preventing closures and trends found.
<ul style="list-style-type: none"> • Monitor (live) calls from placement staff to improve consistency and quality of practice
Recruitment and Licensing
<ul style="list-style-type: none"> • Explore ways to keep kids out of the building- SOAR and professional resource parents
<ul style="list-style-type: none"> • Recruit resource parents with reliable transportation- discuss transportation at licensing as well
<ul style="list-style-type: none"> • Relicense former resource parents quickly if a child they had in their home comes into care again- like what is done with kin.
Teaming
<ul style="list-style-type: none"> • Ensure resource parents are at the table when policies are being developed (e.g., transition protocols); Develop expectation document between resource parents and Agencies

FY 2021 APSR Update

Focus Groups with Resource Parents

Eleven resource parents participated in a focus group. Although their experiences varied by case management agency as well as by needs of the child in their care, there were three consistent

themes: (1) the need for more trauma-informed resources (e.g., mentors, tutors, dependable crisis management, etc.), (2) improvement of case planning communications with the resource parent and (3) improved publicizing of available resources, including resources that can be shared across placement agencies (e.g., database of resources). Resource parents continue to feel slightly unprepared and unqualified, especially when there is a lack of information or inaccurate information provided at the onset of placement. Requested trainings included transracial training, medication management, sex trafficking (more details from experts and what the landscape is in the District), de-escalation techniques, managing school and IEPs, how to have conversations about youth sexuality and managing digital safety.

Summary Findings: Surveys

Findings addressed Agency performance across key practice domains of safety, permanency and well-being, as well critical functions such as placement, case planning and the overall Agency responsiveness to the CFSA client community. Respondents included a broad array of the child welfare professionals, in addition to CFSA staff who completed the survey. Of the 121 surveys accessed by CFSA staff, the following 115 respondents represented CFSA’s various program areas:

- ▶ 37 percent Entry Services (23 percent In-Home and 14 percent Hotline and CPS staff)
- ▶ 20 percent Permanency staff
- ▶ 9 percent Office of Well Being staff
- ▶ 8 percent for both OYE and OPPPS staff
- ▶ 4 percent for both Placement and Administration staff
- ▶ 3 percent for both Resource Parent Support and CISA staff
- ▶ 2 percent for Kinship staff
- ▶ <1 percent for Community Partnerships, PEERs and Post-Permanency staff

Thirteen percent of survey respondents were supervisory staff, 26 percent were direct service staff, and the remaining respondents were part of the child welfare team or in support functions on a case but not providing “direct case practice.” Seventy-one percent (n=74) of respondents did not have a caseload versus 29 percent (n=30) of respondents [out of 104 respondents]. Of the 30 caseworker respondents, they worked with the following top five populations:

- ▶ Biological parents
- ▶ Youth with developmental challenges, learning, or intellectual disabilities
- ▶ Youth who self-identified as lesbian, gay, bisexual, transgender, or questioning (LGBTQ)
- ▶ Incarcerated parents

- ▶ Kinship caregivers

FY 2022 APSR Update

Summary Findings: Surveys

Survey findings addressed Agency performance across the key practice domains of safety, permanency and well-being. Findings also addressed critical functions such as placement, case planning and the Agency’s overall responsiveness to the CFSA client community. Respondents included a broad array of the child welfare professionals, in addition to CFSA staff who completed the survey. Of the 83 surveys accessed by CFSA staff, the following 80 respondents represented CFSA’s various program areas:

- ▶ 25 percent for Office of Planning, Policy and Program Support
- ▶ 13.75 percent for Permanency
- ▶ 12.5 percent Entry Services CPS and Hotline
- ▶ 11.25 percent Kinship (FTM, Kin Licensing, PEER)
- ▶ 10 percent for Office of Well-Being
- ▶ 8.8 percent for Office of the Deputy Director for Administration
- ▶ 5 percent for Entry Services In-Home and Office of Youth Empowerment
- ▶ 2.5 percent for Community Partnerships, Office of the Director and Other (including recruitment and diligent search units)
- ▶ 1.5 percent for Placement staff

Of all respondents, (155 of 168 provided primary role) about 18 percent identified as a case worker/social worker with a caseload. The remaining respondents were a part of the child welfare team in support functions on a case but not providing “direct case practice.” Examples include judges, advocates, investigators, trainers, legal advisors, health care professionals, family support workers, police officers, educators, collaborative employees, analysts, program evaluators, quality assurance, resource development specialists, program directors/managers, revenue and benefit specialists.

FY 2021 APSR Update

Summary Findings: Surveys

Survey findings addressed Agency performance across the key practice domains of safety, permanency and well-being. Findings also addressed critical functions such as placement, case planning and the Agency’s overall responsiveness to the CFSA client community. Respondents included a broad array of the child welfare professionals, in addition to CFSA staff who

completed the survey. Of the 135 surveys accessed by CFSA staff, the following 130 respondents represented CFSA's various program areas:

- ▶ 23.9 percent Entry Services CPS and Hotline staff
- ▶ 18.5 percent for OWB staff
- ▶ 15.4 percent for Permanency staff
- ▶ 10.8 percent for OPPPS staff
- ▶ 9.2 percent for Entry Services In-Home staff
- ▶ 4.6 percent for Placement staff
- ▶ 3.9 percent for Resource Parent Support
- ▶ 2.3 percent for Community Partnerships, Kinship, and Office of Youth Empowerment
- ▶ 1.5 percent for the Office of the Director
- ▶ <1 percent for Administration, CISA, Fiscal, OGC, OPI, PEERS, and Post-Permanency staff

Of all respondents, about 28 percent included either a case worker or a supervisory case worker with a caseload. The remaining respondents were a part of the child welfare team in support functions on a case but not providing "direct case practice." Examples include judges, advocates, investigators, legal advisors, health care professionals (including therapists and counselors), educators, Collaborative employees, mentors, tutors, program evaluators, quality assurance staff, resource development specialists, program directors and managers, and benefit specialists.

Safety

Overall, respondents felt that social workers frequently assessed and addressed risk and safety concerns, if present (in about 80 percent of cases). Identified concerns could be categorized in two domains: lack of resources and inadequate practice. For example, CFSA may have been aware of risk and safety issues but did not address the issues. Reasons may have related to a lack of placement options, or case decisions were made based on a lack of resources. Another example concerned safety assessments. The information should be included in a child's Passport package,³⁶ but the resource parent never received the Passport package. Respondents also shared that social workers did not accurately address risk and safety in matters of substance abuse. Children may have been left at risk after exposure to or use of substances but without

³⁶ CFSA provides a "Passport" packet for each child in foster care. Packets include vital information regarding the child: a photo, medical provider contact information, clothing voucher, Social Security card, etc.

appropriate referrals provided and long-term follow-up. Lastly, more timely interventions could avoid or reduce risk and safety concerns.

FY 2022 APSR Update

Safety

In order to close the feedback loop on needs, strengths and areas in need of improvement related to safety, OPPPS held a debriefing session in the Fall of 2020 to discuss next steps that Entry Services-CPS and Entry Services-In-home will take to respond to the concerns of stakeholders. Only prevalent themes that were mentioned across stakeholders or repeated from the previous year were elevated in this discussion.

While these sessions occurred in Fall 2020, program areas have developed or strengthened strategies in progress since being identified. These strategies apply to all sections of the stakeholder feedback and program responses.

Stakeholder Feedback: Social workers came to the home to assess and address safety (immediate harm) or risk (future harm) concerns, if present, once - twice a month. Assessments and addressing risk and safety were done in 80 percent of instances. The challenge was stakeholders feeling that assessment is more frequent than addressing concern. There is constant turnover. Quantity of assessment is fine, but there is a lack of consistency in the quality of practice.

- **CFSA Response:** This has been observed and quality is an agreed upon area in need of improvement.
 - **Action Step #1:** Complete the In-Home Program Operations Manual (POM) with the assistance of OPPPS. Include a communication plan in the POM that addresses how to team and close the feedback loop with members on a case who are a part of the team. For both Entry Services and Permanency, turnover has played a role in the lack of practice consistency and may be why stakeholders believe assessments are not conducted with quality consistently if practice appears different across workers. In-Home only recently began to observe a turnover of worker and a new worker having to start all over; the Agency does not want workers to skip steps in assessing when a case is transferred to them. *The communication plan and closing the feedback loop with team members was also revisited on the Permanency side.*

Stakeholder Feedback: Lack of resources (e.g., housing) and understanding around domestic violence (DV) matters; more In-Home birth parent supports around respite and parenting; need

greater collaboration between agency and schools and the DV community. Create an accessible resource guide online in a central location.

- **CFSA Response:** It should be communicated to stakeholders that the Agency’s social workers cannot be the expert on everything, but we can improve communication and be consistent in referring for resources.
 - **Action Step #1:** Communicate that CFSA is not the Housing Authority; resources include a housing specialist for families with cases in either In-Home or Permanency. Clarify for staff and clients – “how far is far enough” and when does parental responsibility factor in when spending time helping a parent find housing. This may be done through the POM communications plan.
 - **Action Step #2:** The majority of removals, especially when there is a housing concern, involve parents dealing with substance abuse coupled with mental health challenges. It is a vicious cycle and the Agency needs to focus more on the root causes of instability (substance abuse and mental health) versus the symptoms (loss of home). Identify concerted efforts that the system should take to help eliminate barriers to participation in services when families are dealing with mental health and substance abuse challenges. This is a system’s approach because the social worker cannot be everything for everyone.
 - **Action Step #3:** The sentiment is that there are no existing resources or a lack of consistent resources in the District for victims of domestic violence and there are no batterer intervention programs. OPPPS suggested for workers to sign-up to the Mayor’s Office Victim Assistance Network to receive notifications of resources; test Now Pow to determine what DV resources exist then add resources to the NOW POW database as they are discovered and verified, which may require support from either Community Partnerships or OPPPS. Not all staff are aware that NOW POW is fully accessible to everyone, so Community Partnerships continues to revisit the staff communication roll out for NOW POW.
 - **Action Step #4:** Improve communications with OWB around resources and improve confidence of workers on DV topic through refresher and enhanced training. Entry Services has improved in identifying domestic violence on cases. Both CPS and In-Home implemented a consultation process that includes a liaison per administration. OWB has one DV expert who serves as a consultant for those liaisons, if they are unavailable, or for the cases they may have a hard time resolving if DV related. The confidence and comfortability of social workers managing the domestic violence issue must also be improved. Liaisons are responding to DV assessment and red flag questions during consultations that supervisors and social workers should have already been equipped to answer or identify. The Agency will look into hiring a second DV subject matter expert to

meet demand, developing, or enhancing an ongoing training module to be accessed at any time related to domestic violence assessment and identifying red flags. The training should draw from the baseline of questions developed in the existing consultation format that every worker should have addressed before speaking with a liaison.

- **Action Step #5:** Evaluate the effectiveness of the communication plan with educational partners. Much work has been done to engage schools including an updated mandate reporter webinar to identify abuse and neglect in a virtual education environment including a knowledge check, a triage unit for educational neglect. However, there remains a disconnect between how educators (public and charter schools) and CFSA social workers view matters of abuse and neglect – this should be resolved with the mandated reporter webinar and communication plans. The challenge becomes if the training/webinar is not mandated by law or the educational institution for its employees then gaps in understanding will continue to exist. The Agency is developing a communication plan to schools that considers all school types and add in evaluative points to measure reach. The Agency is considering turnover, thus the need for information to be repeated through the year to the same entities (and new ones). The same information should be communicated to social workers, so they are aware of their role, rights and messaging around abuse and neglect with educational institutions. To support age Agency guidance relative to educational services, the policy team is currently revising the educational services policy and it will be completed by the end of the fiscal year.
- **Action Step #6:** Communicate contract changes and resource availability more clearly to social workers and public. In-Home is able to use the in-house therapists on a case-by-case basis and does have access to PEER coaches throughout the community. The previous contract with DC 127 provided guaranteed respite slots for parents but no longer after their leadership changed. Sasha Bruce also offers respite but only for 72 hours, after that there needs to be parental consent which may not be provided and may result in a removal. The Agency will inquire the need to contract for more respite opportunities for birth families.

Stakeholder Feedback: Need for greater cultural competence when investigators (and ongoing workers) come to a home.

- **CFSA Response:** This has been observed and cultural competence is an agreed upon area in need of improvement for staff and resource parents.
 - **Action Step #1:** OPPPS management is already leading the work around racial equity and cultural humility for staff.

In this year's Needs Assessment, the question of safety and risk focused less on frequency of visitation and assessment since workers were meeting policy benchmark of twice per month visitation and focused more on the assessing and addressing of an immediate harm (safety) or a future harm (risk) at any time during a case. Child welfare professionals felt that social workers always (in 100 percent of cases) assessed and addressed immediate harm, which is an increase from last year (frequently, in 80 percent of cases). However, future harm was always (in 100 percent of cases) assessed and addressed frequently (in 80 percent of cases). As with previous trends, respondents' felt that assessments were conducted slightly more frequently than addressing the safety and risk issues discovered. However, this year there is reason to review whether social workers understand what future harm looks like for any given family, as it may vary, and if they have completely assessed and addressed the potential concern prior to case closure. Findings for youth and birth parents were limited for this survey question. However, 36 out of the 57 resource parents who took the survey felt that assessment followed by addressing safety and risk were done often (in about 60 percent of cases), but the lower score reflected communication concerns between the social worker and the resource parent.

Although social workers are assessing and addressing risk and safety in most cases, there were some areas for improvement across respondent groups. These areas could be categorized into three domains: (1) lack of engagement or teaming, (2) shared language and (3) addressing trauma. Last year's concern of inadequate practice and resources, for the exception of increasing the utility of investigation guides, were not discussed this year in the survey as it related to safety and risk. However, the issue of teaming, having a shared language and addressing latent trauma was expressed across respondents.

For example, safety and risk are terms that respondents felt are not regularly used in meetings or understood by partners throughout the child welfare system. Moreover, respondents felt that the standards of safety and risk were not the same for all parties on a case planning team. Areas for improvement include the domains outlined in the previous paragraph. Respondents were also concerned that workers are primarily focused on immediate harms and not operating with a long-term risk lens that may include providing services necessary for post permanency.

FY 2021 APSR Update

Safety

Similar to last year's findings, child welfare professionals felt that social workers frequently (80 percent) assessed and addressed risk and safety concerns, if present. All respondents' experiences were that assessments were conducted slightly more frequently than addressing the safety and risk issues discovered. Forty-one out of 53 youth who took the youth survey

indicated that social workers assessed for safety and risk between once and twice per month. The same for the 17 participants who took the birth parent survey and the 28 out of 40 participants who took the resource parent survey.

Although social workers are assessing and addressing risk and safety in most cases, there were some areas for improvement across respondent groups. These areas could be categorized into three domains: (1) lack of engagement or teaming, (2) lack of resources and (3) inadequate practice. For example, respondents felt that the Agency and its partners are not teaming well enough with school systems since some schools remain unclear on how the Agency assesses and addresses risk. Moreover, stakeholders were concerned about a lack of engagement with community-based resources to prevent domestic violence (DV) and a lack of resources to appropriately address safety for DV victims and offenders. Respondents also expressed concern about misguided assessments, meaning social workers becoming focused on addressing risk and safety concerns that other team members are not identifying. There was concern for a lack of prioritization for the actual safety and risk issues all team members agree upon. Lastly, respondents expressed concerns about feeling a rush towards permanency, resulting in youth returning to foster care. Assessments are then more of a “checkoff” rather than a real assessment.

Well-Being

The survey results outlined service provision through a host of well-being domains, including mental and behavioral health services, alternate and expressive therapies, medication management services, anger management services, and substance abuse services. Forty percent of respondents indicated that expressive therapies were effective for youth who received the service, whereas 13.3 percent indicated the service was rarely effective. With regard to services under the domain of the mental and behavioral health, 25 percent of respondents found the services to be always effective, while 11.5 percent indicated the services were not effective. Regarding anger management services, 50 percent of respondents found the services sometimes effective while 13.3 percent were unsure about the effectiveness of the services. For substance abuse services, 47 percent of the respondents found the services to be “sometimes-to-often” effective. A summary of responses for well-being services included the following recommendations:

- ▶ Increase availability and access to alternative therapies (art, music, pets, dance, horses, etc.), in-home family therapy, grief and loss therapy, trauma-informed mental health services, and treatment for substance abuse.
- ▶ Make transportation readily available to take youth to appointments that are located at a distance, especially when public transportation is not readily available.

- ▶ Add community drop-in centers to prevent stigma for youth having to participate in certain services.
- ▶ Provide in-patient, partial hospitalization, and intensive outpatient (e.g., day treatment programs) behavioral health services.
- ▶ Locate residential facilities in DC.
- ▶ Provide general group homes (and homes for substance users).
- ▶ Provide specialized services for unaccompanied refugee minors.
- ▶ Provide in-school mental health supports so youth are not removed from school to attend therapy outside of school.
- ▶ Improve services for clients experiencing domestic violence (DV); there is concern that CFSA's DV specialist does not go into community like social workers.³⁷
- ▶ Train or contract with providers with expertise in sex trafficking, sexual abuse, post-traumatic stress disorder, and attachment disorders.
- ▶ Develop a respite program for resource parents who care for children with challenging behaviors.

Respondents also highlighted the existence of barriers to service provision across the following areas: physical, cultural, language, skills and training, client resources, financial, psychological, geographical and programmatic resources. Respondents indicated a need to improve the availability and coordination of services. At present, the service referral process takes too long, and is filled with gaps and delays in service delivery. Additional feedback on well-being services included service needs in the following life skill areas for parents and youth: paying rent, finding housing, cooking basics, cleaning basics, budgeting, healthy relationships, scheduling and parenting, dealing with legal system, self-advocacy and self-esteem.

FY 2022 APSR Update

Well-Being

In order to close the feedback loop on needs, strengths, and areas in need of improvement related to safety, OPPPS held a debriefing session in the Fall 2020 to discuss next steps the Office of Well-Being will take to respond to the concerns of stakeholders. Staff agreed that additional information in the Passport package for resource parents would make them more prepared to foster. OWB agreed to work with CWTA to identify gaps in where OWB staff should be present to assist with the trainings. OWB will also work to identify vendors who can be more culturally

³⁷ This recommendation reflects a communication within the Agency. The CFSA DV specialist position is available for supporting and coaching social workers on how to handle situations where DV is an issue. The specialist position was not created as an in-home service.

competent, less rigid in approach (youth-focused) and flexible with schedule. *See debriefing from stakeholder feedback in Service Array section of this report.*

In this year's needs assessment survey, respondents were asked to respond to the type of risk factors experienced by children and families served by CFSA and partnering agencies in the District. Respondents were questioned on the utility and effectiveness of services from the Family Success Centers, Collaboratives, DBH or DC Health grantees, CFSA and its partnering agencies. Barriers to services and any protective factors supported by provided services was inquired in the survey.

Child welfare respondents indicated the top five risk factors for families they support included: Domestic Violence, Drug Addiction, Inadequate Housing, Financial Problems and Public Assistance. Four out of five were the same risk factors resource parents identified as well, for the exception of caregiver disability was more commonly considered a risk factor for children and families supported by resource parents than public assistance.

In regard to services, most families were being supported through CFSA and partnering agencies as well as the Collaboratives. Respondents were not as familiar with the new Family Success Centers and DBH or DC Health grantee programs, however information on these programs is being disseminated widely; respondents were provided details on the programs and how to access them in the survey as well. Across the child welfare professional survey, services were primarily considered to be somewhat effective depending on the client's engagement and the consistency of the provider.

In the child welfare professionals survey, of the 168 respondents, 118 answered the questions about the Family Success Centers. Of the 118, about 38 percent (n=45/118) of respondents reported they were aware of the family success center and whether they referred (n=20) or have yet to refer (n=15) their client to the resource and if it was accessed (n=10) by the client. Referral sources were social workers, the Collaboratives and fellow birth parents. Services were considered 55-78 percent "very to somewhat effective" depending on the protective factors, with the lowest being services improving physical health and the highest being improved community relationships. Services were deemed 55-75 percent very to somewhat effective in improving mental health, parenting, financial security and social relationships.

In the child welfare professionals survey, of the 168 respondents, 114 answered the questions about DBH and DC Health behavioral health programs. Of the 114, 58 percent (n=67/114) of respondents reported they were aware of the DBH and DC Health behavioral health programs and whether they referred (n=14) or have yet to refer (n=7) their client to the resource and if it

was accessed (n=46) by the client. Notably, either clients may have accessed services not entirely due to the respondent's referral, yet respondents are aware of the client's service need and engagement. Referral sources included social workers, family support workers, schools, DBH hotline, probation officers, Mayor's Office on Safety and Engagement (ONSE) and physicians. Services were considered 28-64 percent "very or somewhat effective" depending on the protective factors, with the lowest being services improving financial security and the highest being improved mental health. Services were deemed 41-52 percent very to somewhat effective in improving physical health, parenting, community relationships and social relationships.

In the child welfare professionals survey, of the 168 respondents, 110 answered the questions about the Collaboratives. Of the 110, 59 percent (n=65/110) of respondents reported they were aware of the Collaboratives and whether they referred (n=13) or have yet to refer (n=5) their client to the resource and if it was accessed (n=47) by the client. Referral sources included community partners such as DC127, schools, churches, clinics, DBH, social workers, DC127, and PEERs. Services were considered 42-59 percent "very or somewhat effective" depending on the protective factors, with the lowest being services improving physical health and the highest being improved parenting. Services were deemed 48-58 percent very to somewhat effective in improving mental health, financial security, community relationships and social relationships.

In the child welfare professionals survey, of the 168 respondents, 109 answered the questions about CFSA and partnering agency services and supports. Of the 109, 61 percent (n=66/109) of respondents reported they were aware of the CFSA and partnering agency services and supports and whether they referred (n=13) or have yet to refer (n=9) their client to the resource and if it was accessed (n=44) by the client. Referral source was the social worker or Court. Services were considered 35-75 percent "very or somewhat effective" depending on the protective factors, with the lowest being services improving financial security and the highest being improved parenting. Services were deemed 55-73 percent very to somewhat effective in improving physical health, mental health, community relationships and social relationships.

Similar to the last few years, the main barrier to services continues to be programmatic resource barriers, such as lack of available services, poor quality of services, waitlists, or limited hours of operation. This barrier was compounded with the pandemic. The top three barriers for clients as reported by child welfare professionals in FY 2021 were programmatic, health emergency and financial. Resource parents cited two of the same barriers in their top three. The category of "other" included reasons that should have fallen into the programmatic, financial, and emergency health categories as they pertained to medical, health and educational services. Barriers included needing SSA assistance and long waitlists for community based therapy and no access to in-school instruction or childcare during COVID.

FY 2021 APSR Update

Well-Being

Respondents were asked to respond to the effectiveness of services within a behavioral or mental health domain. For each domain, there were a few respondents who indicated feeling unsure about effectiveness of services. Those percentages are not captured here. Respondents revealed that services are provided by a network of providers and not just the core placement agency. For example, behavioral and mental health services were offered by CFSA, DBH, the Collaboratives, the Family Court, schools, community-based organizations and child advocates.

Services in this domain included alternate and expressive therapies, traditional therapy, medication management services, anger management services, and substance abuse services. There were no services identified as wholly ineffective. Forty-six percent of respondents indicated that expressive therapies were “sometimes-to-usually” effective for youth who received the service. Regarding traditional therapy for youth and birth parents, 32 percent of respondents found the services to be “usually-to-always” effective; 48 percent said the service was “sometimes-to-often” effective while 9 percent indicated the services were rarely effective. Thirty-six percent of the respondents indicated that medication management services for youth and birth parents were “usually-to-always” effective; 48 percent stated services were “sometimes-to-often” effective and 4 percent thought medication management services were “rarely-to-never” effective.

Regarding anger management services for youth and birth parents, 23 percent of respondents found the services “usually-to-always” effective; 57 percent said services were “sometimes-to-often” effective and 17 percent said the services were “rarely-to-never” effective. For substance abuse services, 24 percent of respondents found the service to be “usually-to-always” effective; 51 percent stated “sometimes-to-often” effective and 12 percent “rarely-to-never”. Although there are slight improvements in effectiveness, the patterns of effectiveness for services along the behavioral or mental health domain mirror those of last year’s results.

A summary of needs and recommendations for well-being services within the behavioral and mental health domain fell within two sub-domains: additional services and case practice improvements.

- ▶ **Need culturally competent therapy (e.g., for African American, Spanish-speaking and African immigrant communities)**
- ▶ **Need bilingual resource parents or peer coaches**
- ▶ **Need individual and group anger management**

- ▶ Need fatherhood services and home visitation for male caregivers
- ▶ More effective and higher quality behavioral health services for youth after they exit foster care
- ▶ Improved services for DV clients including batterer intervention programs (as well as therapy) to address the perpetrator's behaviors
- ▶ Need to offer more grief and loss counseling
- ▶ Need to include spiritual counseling
- ▶ Need mentors with clinical training
- ▶ Need intensive community-based intervention and wraparound services
- ▶ Improve therapy array and include alternative therapy options licensed with CFSA so that no additional funding or coverage is needed to connect the youth with the services
- ▶ Increase availability and access to alternative therapies (e.g., art, music, dance, pets, horses and other animals)
- ▶ Need more consistent trauma therapists
- ▶ Need in-home family therapy
- ▶ Need one-to-one parenting classes (e.g., parenting classes that focus on teens, children whose trauma results in defiant behaviors, and youth with drug addictions)
- ▶ Expand telehealth services beyond the pandemic
- ▶ Need providers with expertise in sex trafficking, sexual abuse, PTSD and attachment disorders
- ▶ Need school-based behavioral health counselors
- ▶ Need more substance abuse services that are trauma-informed
- ▶ Tokens for transportation to get to appointments
- ▶ Need more trauma-informed behavioral health services (e.g., including therapeutic mentoring)
- ▶ In-Home Administration social workers should have access to the CFSA in-house therapists
- ▶ Improve availability and coordination of services, especially between CFSA clinicians and school behavioral health staff
- ▶ Processes too long, many gaps and delays in services
- ▶ Racial equity lens is needed for many behavioral and wellness services, including the service provider's approach, skill set and background in racial equity

Similar to last year, respondents also highlighted the existence of barriers to service provision across the following areas: physical, cultural, language, skills and training, client resources, financial, psychological, geographical and programmatic resources. Behavioral and mental health services presented more programmatic barriers across stakeholders than other barriers. Such issues include lack of available services, poor quality of services, waitlists and limited hours of operation. Respondents continue to indicate a need to improve the availability and coordination of services. Additional feedback on well-being services included needing additional life skills services (e.g., social skills building, parenting, financial literacy, etiquette, self-awareness, medication management, preparation for aging out of care). In addition, feedback requested childcare options for resource parents with long work hours, and inexpensive curricular or after school programs for youth.

Permanency

Assessment of permanency practice objectives and placement matching was a key survey domain. Respondents felt that CFSA and its partner agencies were able to “maintain placement stability,” “achieve permanency,” and “maintain permanency” at least 40 percent of the time. Respondents also felt that CFSA and its contracted agencies performed lowest with maintaining placement stability but better with maintaining permanency. Some of the challenges included children being returning to foster care due to a lack of familial supports. Respondents recommended a higher standard and quality of resource parent with training to promote parent-youth lifelong connections. Chronic issues included employment, education and housing. Additionally, respondents highlighted families continuing to come back to the attention of the Agency for underlying reasons associated with mental health and substance use.

Another critical permanency issue related to case planning. Respondents felt that CFSA and its partner agencies included youth, birth parents and resource parents in case planning 80 percent of the time. More youth are involved than birth parents and resource parents. Resource parents were the least involved. Some barriers to participation included unwilling birth parents or social workers unable to locate a birth parent; children in foster care who are too young or not prepared to give input or not unwilling to provide input to the case planning process; resource parents are not always invited or able to attend court hearings; and older youth are not attending meetings or meetings are hard to get scheduled; and children and youth are not sure what can be shared with resource parents.

FY 2022 APSR Update

Permanency

In order to close the feedback loop on needs, strengths, and areas in need of improvement related to permanency, OPPPS held a debriefing session in the Fall 2020 to discuss next steps

Program Operations will take to respond to the concerns of stakeholders. Only prevalent themes that were mentioned across stakeholders or repeated from the previous year were elevated in this discussion.

Stakeholder Feedback: Stakeholders felt the Agency was going in the right direction with family-based settings but suggests that there is no one size fits all and requests that congregate be maintained for those who find that level of structure necessary for youth development. The placement array should be expanded to sufficiently include the following placements: placements for children with special needs, trafficked youth, large sibling groups, placements with access transportation, placements mirroring the intent of independent living programs (ILP), LGBTQ-friendly homes and homes that are within the District to maintain youth in their community.

- **CFSA Response:** Placement/Permanency have heard these sentiments and agree. Specifically, the Agency is in process of identifying vendors for independent living housing, but the definition and language around ILPs have changed. Typically, the Agency did/do not have youth who are ready to live on their own so the concept of an ILP had to change. OYE finds it more challenging to place 18 to 21-year-olds and are currently exploring vendors who have the space and curriculum to address the specific and complex needs of this small population. Staff agreed there needs to be resource parents willing to provide transportation because youth should be able to depend on them for that as well as dedicated staff. There is agreement that we need to have providers willing and able to take three or more children.
 - **Action Step #1:** Program Operations will ensure there are sufficient homes/providers, possibly a specific cohort of homes, who have experience with children with special needs, LGBTQ populations, and older youth. This would require recruiting specifically for those providers with expertise. Explore vendors for hard to place youth between the ages of 18-21. Understand how life skills are tracked for youth; ensure both foster homes and the programs that will be identified for older youth will have access to independent living skills. *[Although all stakeholders are requesting life skills for youth, it seems unclear across administrations what constitutes an ILP amongst what's in the placement array e.g., Elizabeth Ministries; how Independent Living skills are being tracked; programs (including virtual) are offered yet some youth still are unaware of programs across CFSA and NCCF]*
 - **Action Step #2:** Programs and OPPPS should obtain clarity on the number of homes needs for sibling groups of 3 or more, recruit specifically for those and maintain a baseline of those homes.

- **Action Step #3:** Program Operations, OWB and CWTA to ensure resource parents are equipped to parent youth with complex needs. *[This is a need reflected for birth parents as well]*. There is a possible budget implication once a housing vendor for 18-21-year-olds is identified. Contracts should reflect transportation requirements. Dedicated staff for transportation needs that may fall out of the scope of current services. Program Operations will work with OWB and CWTA to determine if there are any monetary expenses to providing training to birth parents and resource parents around caring for children with disabilities and challenging behaviors.

Stakeholder Feedback: Stakeholders believed communication and transparency have improved overall with the Agency. The areas for greater improvement as it relates to supporting the permanency of children/youth include: 1) establishing a resource database in one central location and have information about what services the Agency offers in one central location and 2) permit/include all team members (youth, resource parent and birth parent) in the case planning process, family team meetings and Court and 3) training social workers on a more respectful, culturally competent and non-bias engagement of birth parents *[PEERs were praised as best in communicating and navigating system with parents]*.

- **CFSA Response:** In regard to meetings, team members should be encouraged to attend when appropriate. For FTMs, resource parents should be invited by the facilitator not the social worker. PEERs relate to birth parents well because they approach and communicate with parents from a place of mutual respect and there should be no difference in that baseline approach when engaging birth parents.
 - **Action Step #1:** Improve communication all around and across administrations. Create a single source to locate information on services, agency navigation (e.g., to include familiar terms with definitions) for workers and clients, etc. to eliminate confusion for stakeholders and outdated or scattered information for child welfare professionals.
 - **Action Step #2:** Identify role and communication plan between social worker and FTM facilitator in ensuring all the right parties are at the table for family team meetings and if deemed inappropriate. If persons cannot be included, those reasons should be communicated to team members to eliminate confusion or incorrect perceptions concerning a preference to engage one party over another. Moreover, review the language used for a family plan and child only plan when a goal changes from reunification because the worker is still expected to engage the birth family; the language of our case plans may not be in alignment with best practices *[staff expressed the latter also depends on the birth parent's*

engagement but it is best practice for a social worker to engage a birth parent even after a goal change but it may not be occurring consistently].

- **Action Step #3:** Have PEERs or birth parents included in the trainings for social workers, if not done already for all social workers working with CFSA or a partnering agency. Moreover, identify how the videos created for clients can be used more effectively to explain what happens after a removal; or provide additional support while a removal is in process to help de-escalate parents. Consider PEERs designated in Entry Services for support of birth parent during removal process; these PEERs could support birth parents at point of removal or to provide an additional component of engagement training for social workers since there is a need to understand how to work with parents who are depressed, stagnant in case plan and/or challenged by domestic violence and substance abuse. The Agency will work on better branding and messaging when conducting outreach. Greater outreach and communication planning may require a dedicated position to streamline resources and information across administrations, create one central place for resources to be housed online, monitor needed changes, and communicate changes throughout the child welfare community.

Stakeholder Feedback: Stakeholders requested a more deliberate placement matching process to prevent disruptions. One recommendation was holding meetings when possible, between youth and resource parents to ensure they are a fit. This includes making sure the resource parent has sufficient information (including medical needs and important contacts) to properly care for a child. Secondly, stakeholders felt that the agency should consider ways to maintain a permanency plan while trying to achieve the permanency plan, meaning have ongoing resources/service connections set up for the family prior to closing the case.

- **CFSA Response:** The disruptions team is aware that there remain some challenges but there has been much improvement. The Agency has developed and finalized the Placement Stabilization AI to address placement disruptions and improve practice. The team is working to track the reasons and themes from placement disruptions to get an understanding of what may need to improve with practice. CFSA needs to recognize what permanency looks like to older youth. Most placement disruptions are those providers who no longer feel they can parent a teen who is acting out.
 - **Action Step #1:** Program Operations will continue to work with OPPPS to identify disruption themes in order to improve practice.
 - **Action Step #2:** Program Operations will work with recruitment to identify a group of providers who are experienced in working with teens and older youth with challenging behaviors.

Stakeholder Feedback: In 2020, more respondents felt social workers were more prepared in Court, however the percentage of respondents in the "always" cohort decreased from last year, and the percentage in the "usually" cohort increased. How can social workers maintain preparation in Court?

- **CFSA Response:** Attorney Generals are helpful in preparing staff for Court. At one point the OAGs offered a training on Court Preparation specifically a mock trial situation, but staff felt that it was not needed so it did not occur. Managers felt that staff were reacting more on possible embarrassment by peers given the mock trial style. Staff believes the issue has more to do with presentation (public speaking) and less to do with knowledge. Managers have recognized some workers are not as confident when expressing information in Court. Staff are aware they can request additional CWTA training, but it may not be at the forefront of their minds and depending on supervision style managers may try to help their staff develop that confidence in 1-on-1 supervisions.
 - **Action Step #1:** Revisit the need for a mock trial training with OAGs for peers to support one another in improving their presentations in Court and work with CWTA on a refresher training (or the advertising of one already create) that may need to be accessible online at any time in addition to 1-on-1 supervision support.

Stakeholder Feedback: Lack of coordination between the licensing team and the ongoing social worker team was a common complaint. One quote provided the best summary of this theme: "After 30 days, the licensing of kin falls back on the social worker to explore additional family without proper training and performing a task already assigned to agency staff who are already supposed to license homes. This process is duplicative and assigned to social work as a default. Communication needs to improve from licensing team to ongoing social worker team. There is not a reporting or reciprocal flow of information. Social worker should receive regular updates to include who is exploring kin/ licensing a home, who is being explored, barriers, progress, and in a timely manner. It seems like both teams work alongside one another and not necessary together. As a lead on a case, social workers are not viewed as a lead but secondary to other agency functions; the social worker represents the Agency but sometimes has no idea what another function of the agency is occurring and puts social worker in an uncomfortable situation."

- **CFSA Response:** *This was addressed during the OPPPS licensing debriefing and was shared with the kin team.* The OPPPS team agrees with the statement and looks forward to collaborating on how this can be improved.
 - **Action Step #1:** This is a structural/communication matter that management is looking into further.

Although last year, CFSA observed improvements around permanency from the survey data as respondents reflected on their experiences between FY 2019 and FY2020, findings remained the

same over the past year. Respondents continue to feel that CFSA and its partner agencies were able to “maintain placement stability,” “achieve permanency,” and “maintain permanency” 60 percent of the time. Respondents felt that CFSA and its partner agencies usually (80 percent of the time) to always (100 percent of the time) explore kin and often (60 percent of the time) to usually (80 percent of the time) license kin for potential placements. Respondents felt that the agencies performed lower with maintaining placement stability and achieving permanency, when compared to their performance with exploring and licensing kin.

Some of the identified challenges continued to relate to an inadequate matching process, the need to diversify home types and better equip resource parents and the need to improve teaming.

In regard to case planning, respondents felt that CFSA and its partner agencies usually (80 percent of the time) included youth (when appropriate) and birth parents in case planning. However, resource parents were included in case planning often (60 percent of the time), which is a decline from last year’s perceptions and experiences from usually (80 percent of the time). Fathers were identified as the least involved with rarely (in less than 20 percent of cases) being included in case planning. Some barriers to participation included even if resource parents are briefed to some extent after the case planning meeting, they should still be at the table; the team is not always aware of the role a resource parent should play in case planning outside of being a placement resource; birth parents are unwilling to participate or unable to be located; lack of engagement by the social worker.

FY 2021 APSR Update

Permanency

CFSA observed improvements around permanency from the survey data as respondents reflected on their experiences over the past year. Respondents felt that CFSA and its partner agencies were able to “maintain placement stability,” “achieve permanency,” and “maintain permanency” 60 percent of the time, which is an improvement from 40 percent of the time indicated last year. Respondents have not waived in the view that CFSA and its contracted agencies performed better with achieving and maintaining permanency than with maintaining placement stability. Respondents approved of recent additions to the placement array such as Children’s Choice.

Some of the identified challenges were related to the resource parent pool, diversifying the placement array and the availability of consistent services that support stability. Respondents commented that although the maintenance of permanency improved, post-permanency services to maintain a child at home should be considered while achieving permanency.

Although respondents were pleased with some additions to the placement array to address intensive needs of children, respondents still expressed concerns that some placements are too far away from providers (e.g., over an hour), placements need more diversity in language and race, and the Agency needs more homes that are LGBTQ-affirming. Matching for initial and replacements needs to be strengthened and include the input of youth. Lastly, respondents suggested that the quality of fostering be improved by requiring and ensuring the ability of resource parents to be well educated in trauma-informed care and proper management of children with complex needs.

In regard to case planning, there were no significant changes in data. Respondents still felt that CFSA and its partner agencies included youth, birth parents and resource parents in case planning 80 percent of the time. More youth and birth parents were involved than resource parents. Some barriers to participation included unwilling youth or birth parents, lack of proper notification and consideration of schedule conflicts (e.g., work, school, appointments), lack of notification for resource parents to attend meetings or resource parents being discouraged from attending court hearings, and birth parents not understanding their rights.

Conclusion

Development of the 2020-2024 CFSP integrated concrete feedback and insight through stakeholder forums, interviews, focus groups and surveys. This feedback helped CFSA to incorporate a comprehensive approach to the CFSP, including identification of priorities for moving forward over the next five years. CFSA has already started to address many of these priorities, e.g., the timely delivery of mental health services through the Agency's Mental Health Redesign. Children and youth are now able to immediately receive emergency services upon entry into foster care.

CFSA continues its commitment to stakeholder engagement for ongoing feedback and practice improvement. Such engagement includes input from an expansive provider network, and the examination of survey findings and focus groups (specifically around issues of risk and safety, placement and the case planning). In sum, achievement of the Agency goals for the 2020-2024 CFSP will remain connected to the values based Four Pillars Strategic Framework, while development of objectives and measures of progress will be embedded into CFSA's holistic vision for serving the needs of the District's children and families.

C2. UPDATE TO THE ASSESSMENT OF PERFORMANCE

CFSP ASSESSMENT OF PERFORMANCE – MOVING FORWARD THE NEXT FIVE YEARS

The 2016 Child and Family Services Review (CFSR) assessed the District of Columbia’s baseline performance on Round 3 - Safety, Permanency and Well-Being Outcomes. In response, CFSA developed its performance improvement plan (PIP) to address challenges and strengthen areas of practice. In formulating many of the Child and Family Services Plan (CFSP) measures of progress, CFSA integrated PIP activities and incorporated core metrics from the District’s Four Pillars Scorecard, which serves as the Agency’s primary benchmarking document (in alignment with the Four Pillars Strategic Framework). As noted, the Agency included stakeholder feedback during the collaborative CFSP development process (see Vision and Collaboration).

The following sections highlight the 2016 CFSR results for each outcome and its associated indicators. Outcome sections also include the Agency’s plan for moving forward within the next five years under the 2020-2024 CFSP.

SAFETY OUTCOMES 1 AND 2 – ROUND 3 INDICATORS

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

The CFSR identified concerns in the areas of CFSA’s timely response to reports of abuse or neglect, the provision of safety services, and the assessment of safety and risk to children in cases where the previous two concerns applied. The CFSR also identified a lack of comprehensive assessments for all case types. In addition, initial formal and informal safety and risk assessments, although often completed, were not always comprehensive. Ongoing assessments were not consistently completed, and neither were assessments at case closure. When safety concerns were present, CFSA was not regularly developing safety plans nor regularly monitoring the plans.

SAFETY OUTCOMES: PRACTICE MOVING FORWARD

For Safety Outcome 1, CFSA’s performance review includes the following CFSP measures of progress:

- ▶ Reduce new entries into foster care.
- ▶ Reduce re-entries into foster care.

- ▶ Reduce recurrence of maltreatment.

As of the first quarter (Q1) of fiscal year (FY) 2019, the number of new entries into foster care was 93. For FY 2019-Q1, re-entries are an annual measure with a benchmark of 8 percent, mirroring the national performance target. For the recurrence of maltreatment, CFSA performed at 15 percent (January 2019 data profile/FY 2016B/17A), above the national performance target of 9.5 percent.

APSR FY2022 Updates

As of FY 2020, the number of entries into foster care was 307. For FY 2020-Q1, re-entries have an annual measure with a benchmark of 8 percent. As of FY 2021-Q1, the number of new entries into foster care was 50. With the foster care population decreasing, the FY 2021 target projects 185 new entries annualized. Data profile performance as of February 2021 (data as of the 18B19A AFCARS reporting period) reported 21 percent for the District of Columbia. National performance is 8.1 percent.³⁸



STRATEGY 1.1 – ENGAGE CHILDREN AND FAMILIES TOGETHER IN THEIR HOMES

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21/Q1	FY22	FY23	FY24
Reduce new entries into foster care	185	51 ³⁹	307	307	50			
Reduce re-entries into foster care	8%	Annual Measure	78	8%	Annual Measure			
Reduce recurrence of maltreatment	9.5% ⁴⁰	Annual ⁴¹ Measure	20.8 ⁴²	Not reported	Not Reported			

APSR FY 2021 Updates

³⁸ All percentages rounded.

³⁹ FY 2019-Q1 n=93 represents entries into foster care. FY 2019-Q1 n=115 represents entries and re-entries.

⁴⁰ District of Columbia Data Profile (January 2019) Reporting FY 2016B17A

⁴¹ Performance discussed in the update below

⁴² District of Columbia Data Profile (February 2021) Reporting FY18-19

As of FY 2020-Q1, the number of new entries into foster care was 51, with a yearly benchmark of 330. For FY 2019-Q1, re-entries have an annual measure with a benchmark of 8 percent. Data profile performance as of February 2020 (data as of 17AB) reported a 9.7 percent for the District of Columbia. National performance is 8.1 percent.



STRATEGY 1.1 – ENGAGE CHILDREN AND FAMILIES TOGETHER IN THEIR HOMES

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Reduce new entries into foster care	330	51 ⁴³	307					
Reduce re-entries into foster care	8%	Annual Measure	78					
Reduce recurrence of maltreatment	9.5%⁴⁴	Annual ⁴⁵ Measure	Not Reported					

Source: Four Pillars Scorecard, FY 2021 Q1



CFSA relies upon several sources to analyze performance data and to make practice-related decisions for performance improvement. As noted throughout the CFSP, the Agency examines data sources for development of the annual Needs Assessment which helps to inform the associated Resource Development Plan (RDP). For the most recent RDP and Needs Assessment, CFSA conducted an analysis of recent trends in foster care entries. As shown in the graph for entries between FY 2018-Q1 through Q2 as compared to FY 2019 Q1-Q2, there has been a 48

⁴³ FY 2019-Q1 n=93 represents entries into foster care. FY 2019-Q1 n=115 represents entries and re-entries

⁴⁴ District of Columbia Data Profile (January 2019) Reporting FY 2016B17A

⁴⁵ Performance discussed in the update below

percent increase in entries. The number of the youngest children entering foster care is staying steady. Though still a lower number, older youth represent the fastest growing population entering foster care. In June of 2019, CFSA also conducted an analysis into the 212 children and youth with recurrence of maltreatment for FY 2018. These children and youth had substantiated referrals opened in FY 2017 with a subsequent referral opened within 12 months of the initial substantiated referral. Key findings included over a third of the children with a repeat maltreatment occurrence within three months; 46 percent of the children were between the ages of 6-12 and 50 percent of parents or caregivers were between the ages of 31-40. The top three allegations for both the first and second substantiated referrals was inadequate supervision, exposure to domestic violence and educational neglect. CFSA will utilize this information to develop or enhance strategies to decrease the recurrence of maltreatment rate.

PAQIA completed a qualitative review on the 12 cases where the second substantiation occurred after the children were placed in foster care. The review examined the circumstances of the substantiations while the children were in foster care. The first and second substantiated allegations were different in 10 out of 12 cases (83 percent). The most-prevalent substantiations for S1 were physical abuse (n=4; 33 percent) and caregiver discontinues/seek to discontinue care (n=4; 33 percent). The most-prevalent substantiation for S2 was sexual exploitation/sex trafficking by a non-caregiver (n=4; 33 percent). For half of the cases (6 out of 12), the maltreater identified in the first substantiation was also identified as a maltreater in the second substantiation.

In 8 of the 12 cases (66 percent), the second substantiation occurred while the child was in care; however, there were differences based on the child's age. For example, the second substantiation for all children ages 0-5 occurred while the child was in care (n=3; 100 percent). The maltreater in all cases was a birth parent. In 2 of the 3 cases, the second substantiation occurred while the child was on an unsupervised visit. For children ages 6-12, the second substantiation occurred while the child was in care for 1 of the 5 cases (20 percent). The second substantiation was for sexual exploitation/sex trafficking. For youth ages 13-17, the second substantiation occurred while the child was in care for all cases (n=4; 100 percent). In 3 of the 4 cases, the second substantiation was for sexual exploitation/sex trafficking.

In 9 of the 12 cases (75 percent), an adult (e.g., birth parent or caregiver, social worker or police officer) called in the allegations for the second substantiation. Again, PAQIA noted differences based on the child's age. For all children ages 0-5 and all youth ages 13-17, an adult made the S2 allegations (n=7). For children ages 6-12, an adult made the S2 allegations in 2 of the 5 cases (40 percent). In the other 3 cases, the victim child reported prior abuse or neglect to their foster parent.

PAQIA will continue future evaluations of repeat maltreatment and examine to examine trends in substantiations, maltreaters, and allegation reporting by age group (0-5 years, 6-12 years, 13+ years) to account for trending differences between age groups.

Finally, data profile performance as of February 2020 (17B18A AFCARS period) reported a recurrence of maltreatment percentage of 16.4 for the District of Columbia, a 1.4 percent increase from the prior AFCARS reporting period. National performance is 9.5 percent. Discussion of the analysis can be found in the Quality Assurance Review Systemic Factor section.

FY 2022 APSR Update

In 2021, PAQIA conducted a quantitative analysis to determine the rate of repeat maltreatment during FY 2018. The sample included families whose first substantiated referral was opened in FY 2018 and whose second substantiated referral was opened within 12 months of the initial substantiated referral (n=299 children).

The rate increased from 16 percent in the previous study to 18.8% in FY 2018. When looking at the 299 children from the sample above, after the first substantiation (S1), 80 percent (238 children) were connected to case. There were 61 children, 20 percent, who were not connected to a case after the first substantiation. Ninety-eight percent of the 238 children were connected to an in-home case (233 children). There were five children, 2 percent, who were removed and connected to a foster care case.

After the second substantiation (S2), 90 percent of the children (268) had a case opened. Seventy-five percent of the 268 children were connected to an in-home case (201 children). There were 67 children, 25 percent, who were removed and connected to a foster care case. There were 31 children, 10 percent, in which there was no case opened after S2.

In summary, 98 percent of all repeat maltreatment cases will result in an in-home case after the first occurrence of maltreatment during this time period while 75 percent will remain with an in-home case after a subsequent investigation in the following 12 months. Regarding the specific allegations, five out of the top six allegations were the same in both the first and second substantiations: inadequate supervision, substance abuse by parent/caregiver, educational neglect, exposure to domestic violence, exposure to unsafe living conditions, and caregiver incapacity. Exposure to unsafe living conditions was the last allegation in the top five for the first substantiation but not in the top five for the second substantiation. Caregiver Incapacity was not in the top five for the first substantiation, but it was in the top five for the second substantiation.

PAQIA completed a qualitative review on the 4 cases where the second substantiation occurred after the children were placed in foster care. The review examined the circumstances of the substantiations while the children were in foster care. Preliminary data reveal that 3 of the 4 children received their second referral within 6 months of their first referral. The first and second substantiated allegations were different in 2 out of 4 cases. The most-prevalent substantiation for S1 was medical neglect (n=2 out of 5 substantiations at S1). The most-prevalent substantiations for S2 were related to sexual abuse (n=5 out of 9 substantiations at S2), including sexual exploitation/sex trafficking by a non-caregiver (n=2), failure to protect against sexual abuse (n=1), exposure to sexually explicit content (n=1), and sexual abuse (n=1). For 3 of the 4 cases, the maltreater identified in the first substantiation was also identified as a maltreater in the second substantiation. In 2 of the 4 cases, the second substantiation occurred while the child was in care. All children over the age of 2 in the sample (n=3) reported prior abuse or neglect to their resource parent, social worker, or a partnering community service agency.

A second qualitative review was conducted to review 8 families that did not have a case opened after their second substantiation. According to preliminary data, 5 of the 8 children who experienced repeat maltreatment but did not have a case opened after S2 received their second referral within 6 months of the first referral. Five of the 8 families were substantiated for the same allegations in S1 and S1; one of the 5 families had a new substantiation added for S2. The most-prevalent substantiation at S1 and S2 for the families without cases were related to sexual abuse (n=5 out of 9 substantiations), including sexual exploitation/sex trafficking by a non-caregiver (n=4) and sexual abuse (n=1). The maltreater identified in S1 was also identified as a maltreater in S2 for 3 of the 8 families; an additional maltreater was added for 1 of the 3 referrals. Six of the 8 families without cases after S2 were found to be at high risk; however, the maltreater was either unknown, incarcerated, or underage in the substantiations for 5 of the 6 families.

FY 2022 APSR Update

FY 2020 performance reported 94 percent while, comparatively, FY 2021-Q1 reported 90 percent performance, a four percentage-point decrease from the prior year. As of FY 2021-Q1 the benchmark for timely initiation of investigations was 95 percent.



STRATEGY 1.1 - ENGAGE CHILDREN AND FAMILIES TOGETHER IN THEIR HOMES

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21- Q1	FY22	FY23	FY24
Increase timely initiation of investigations	95%	95%	91%	94%	90%			

Source: Four Pillars Scorecard, FY 2021 Q1

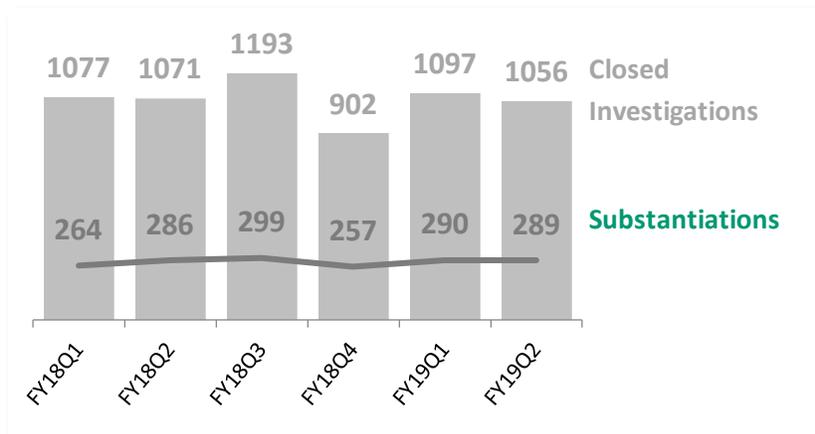
For Safety Outcome 2, CFSA’s performance review includes the following CFSP measures of progress:

- ▶ Increase timely initiation of investigations.

STRATEGY 1.1 - ENGAGE CHILDREN AND FAMILIES TOGETHER IN THEIR HOMES

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Increase timely initiation of investigations	95%	95%	91%					

Source: Four Pillars Scorecard, FY 2021 Q1



Regarding substantiated allegations between FY 2018-Q1 and FY 2019-Q2, the 2019 Needs Assessment data revealed that substantiations increased, despite no change in the number of closed investigations. This increase might be attributed to the elimination of the Family Assessment Pathway.

Data for closed investigations are portrayed in the same graph. The number of closed investigations reflects the seasonal variation in the number of Hotline calls accepted for Child

Protective Services (CPS) investigations during the year. Comparing Q1 and Q2 for each fiscal year shows no increase in the number of closed referrals (2,148 in FY 2018 and 2,153 in FY 2019). There was, however, a slight increase (5 percent) in the number of substantiated referrals during the same time frame (550 in FY 2018 as compared to 579 in FY 2019). Additionally, there was an increase in the number of investigations closed as “incomplete” (17 percent), while those that were unfounded decreased (-4 percent).

FY 2022 APSR Update

As of FY 2020-Q1, the Four Pillars scorecard no longer includes the metric, *Increase families who accept community-based services following case closure*. This measure continued to be tracked through annual qualitative reviews but was not included in the scorecard any longer since the population of applicable families is very small (less than 75) and therefore does not provide a comprehensive examination of performance. During the review completed in FY 2020, 62 percent of applicable families were referred to an appropriate Collaborative or community agency for follow up. The following metrics are included:

- ▶ Reduce length of time in-home.
- ▶ Reduce new reports in-home.
- ▶ Both metrics seek to examine In-Home practice and align practice with improved outcomes. In recent years, the agency has focused on addressing the child welfare concerns that brought the family to the agency’s attention and closing the case once these concerns have been addressed. Therefore, the length of time the in-home case is open and children’s safety while the case has been open are monitored and tracked through these measures.

Measure	Benchmark	FY20-Q1	FY19	FY20	FY21- Q1	FY22	FY23	FY24
Increase families who accept community-based services following case closure	TBD	55%	59%	No longer a reported measure	No longer a reported measure			
Increase children who remain with family after engagement with the Collaboratives	90%	Annual Measure	99%	99%	Annual Measure			
Reduce length of time In-Home	9	Not Reported	Not Reported	8	9			
Reduce new reports while in In-Home	15%	Not Reported	Not Reported	21%	5%			

FY 2021 APSR Update

- ▶ As FY 2020, the benchmark for timely initiation of investigations was 95 percent; CFSa performance met the benchmark, reporting 95 percent for FY 2020-Q1, with 1,355 out of 1,423 investigations being initiated timely

The CFSR Safety Outcomes 1 and 2 (Round 3) align with the District’s CFSP Goal 1 – Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe. CFSa expanded the CFSP measures of progress for the outcomes to include client connection, and engagement and utilization of community-based resources (based on feedback from the CFSP development work groups). To this end, the following measures of progress were derived and folded into the CFSP metrics for the next five-year period:

- ▶ Increase families who accept community-based services following case closure.
- ▶ Increase children who remain with family after engagement with the Collaboratives.

As of FY 2019-Q1, the Agency will need to benchmark the newest metric increase, families who accept community-based services following case closure. For the metric, children who remain with family after engagement with the Collaboratives, the benchmark is 90 percent. This measure is annual.

FY 2021 APSR Updates

As of FY 2020, the benchmark was 95 percent for increasing the number of children who remain with family after engagement with the Collaboratives. Performance as of FY 2019 was 99 percent. This measure is an annual measure with no quarterly report out for FY 2020-Q1.

Measure	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Increase families who accept community-based services following case closure	TBD	55%	59%					
Increase children who remain with family after engagement with the Collaboratives	90%	Annual Measure	99%					

Source: Four Pillars Scorecard, FY 2020 Q1

Moving Forward: Performance Improvement Plan (PIP) Integration

To address Safety Outcomes 1 and 2, the District integrated activities outlined in the PIP into the CFSP to help improve practice performance, particularly as it relates to investigation quality and compliance. Elements of quality and compliance include the initial referral response time, interviews with core contacts (victim child, alleged maltreater, the reporting source, the non-offending caregiver, and collaterals), non-victim children, medical and mental health evaluations, risk assessment, safety planning and disposition (substantiated, unfounded, inconclusive).

To examine the quality and compliance elements of investigations, CFSA completes the Acceptable Investigations Review, which is a joint review among CFSA's Quality Assurance Unit, the Center for the Study of Social Policy, and the CPS administration. Program managers and supervisors also function as reviewers, discuss results, and determine what to incorporate into supervision practice. CFSA's second representative sample of the Acceptable Investigations Review performance was 73 percent in March 2019, up from 66 percent in the prior review, and 7 points below the target of 80 percent. Program leadership and staff members review the results and target strategies for improvements based on the areas identified for improvement.

FY 2022 APSR Update

CFSA conducts Acceptable Investigations reviews using a representative sample for quality-based data findings. PAQIA led two Acceptable Investigations reviews during school year (SY) 2021. During the first review, which examined a sample of CPS investigations closed during February 2020 (n=196), data indicated 84 percent (n=165) of the investigations were acceptable, which was a 9 percentage-point improvement from the Spring 2019 review. The second ad hoc review, which examined a sample of CPS investigations closed in September 2020 (n=155), found that 89 percent (n=138) of the investigations were deemed acceptable, a 5 percentage-point improvement from the February 2020 review. Another review occurred in November 2020, where 89 percent of investigations were deemed acceptable. And in the latest review, March 2021, 92 percent of investigation were deemed acceptable.

FY 2021 APSR Update

For the review of 2019 Acceptable Investigations, PAQIA examined a statistically significant randomized sample of 196 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations. The review included the quality of practice during essential CPS investigatory actions. Results of the review indicated that 84 percent of the

referrals were deemed as acceptable, which is an 11 percentage-point improvement from the last review in spring 2019.

PAQIA reviewed 20 of 30 applicable cases for the PIP Baseline Year performance between March 2018 and February 2019 (Safety Outcome – Item 1: Timeliness of Initiating Investigations of Report of Child Maltreatment). Results of the review indicated CFSA practice was a strength (66.7 percent). For Safety Outcome 2 – Item 2: Services to Families to Protect (Children) in the home and Prevent Removal or Re-Entry to Foster Care, the review included 14 of 30 applicable cases. Again, CFSA practice was a strength (46.7 percent). For Item 3: Risk and Safety Assessment and Management, the review included 39 of 76 applicable cases with CFSA practice again rated as a strength (51.3 percent).

FY 2022 Update

As of FY 2021-Q1, 26 percent of children (n=173) were in kinship placements, a 3 percentage-point decrease from the prior year. The average number of months to reunification met the 13-month benchmark exactly at 13 months. The average number of months to guardianship during the same period was 26 months (benchmark: 34 months). The average time to adoption was 31 months (benchmark: 32 months). The average number of months to reunification (13 months) remained static between FY 2020 and FY 2021-Q1. However, the average number of months to achieve guardianship and adoption both decreased over the fiscal period, from 35 to 26 months and 35 to 21 months respectively.

Permanency data profile performance as of February 2021 (data as of the 18A18B AFCARS reporting period) reported 28 percent of cases achieved permanency within 12 months. The national performance is 43 percent. Permanency outcome performance within 12-23 months reported 37 percent (data as of the 20A20B AFCARS reporting period), a 9 percent decrease from the 2019 reported data. The national performance is 46 percent. Permanency outcome performance for 24+ months reported 34 percent (data as of the 20A20B AFCARS reporting period), which is statistically flat from the reported 2019 increase of 35 percent. The national performance is 32 percent.⁴⁶



STRATEGY 4.2 – ADDRESS PROCESS BARRIERS TO TIMELY PERMANENCY

Measure(s) of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21- Q1	FY22	FY23	FY24
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⁴⁶ All percentages rounded.

Reduce time to reunification	13	12	14	13	13			
Reduce time to guardianship	34	48	36	35	26			
Reduce time to adoption	32	30	38	35	31			



STRATEGY 2.1 – PLACE CHILDREN AND YOUTH WITH KIN FIRST WHENEVER POSSIBLE

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21-Q1	FY22	FY23	FY24
Increase placements with kin	35%	28%	28%	29%	26%			

Source: Four Pillars Scorecard, FY2021 Q1

Permanency Outcomes 1 and 2 – Round 3 Indicators

- ▶ Permanency Outcome 1: Children have permanency and stability in their living situations.
- ▶ Permanency Outcome 2: Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

CFSR results from 2016 found that achieving permanency was a challenge for a significant number of CFSA’s cases. For some cases, there was a delay in an appropriate change in the child’s permanency goal. For other cases, the Agency did not provide the services (e.g., housing) necessary to achieve the goal. As well, the CFSR identified practice barriers, e.g., the Family Court’s practice of extending the time for parents to reunify or declining a motion to terminate parental rights (TPR). The District’s Statewide Assessment also identified the TPR process as a challenge and barrier to achieving timely permanency, e.g., timely filing of TPR petitions was not consistent. In many cases CFSA did not file TPR motions according to guidelines (15 out of 22 months) but waited until the child’s goal was changed to adoption and an adoptive family was identified.



STRATEGY 4.2 – ADDRESS PROCESS BARRIERS TO TIMELY PERMANENCY

Measure(s) of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Reduce time to reunification	13	12	14					
Reduce time to guardianship	34	48	36					
Reduce time to adoption	32	30	38					

Source: Four Pillars Scorecard, FY 2020 Q1

As of FY 2019-Q2, and 27 percent of children are in kinship placements. The average number of months to reunification during this period was 16 months (benchmark: 14 months). The average number of months to guardianship during the same period has been 35 months (benchmark: 34 months) and the average time to adoption was 31 months (benchmark: 32 months). While the Agency is missing each benchmark, performance is very close. CFSA will continue to examine areas to close the gap.

APSR FY 2021 Update

As of FY 2020-Q1, 28 percent of children were in kinship placements. The average number of months to reunification was 12 months (benchmark: 13 months). The average number of months to guardianship during the same period was 36 months (benchmark: 34 months). The average time to adoption was 30 months (benchmark: 32 months).

Permanency data profile performance as of February 2020 (data as of 17A17B AFCARS period) revealed 26.9 percent of cases achieved permanency within 12 months. The national performance is 42.7 percent. Permanency outcome performance in 12-23 months reported 45.9 percent (19A19B AFCARS period), nearly a 2 percent increase from the 2018 reported data. The national performance is 45.9 percent. Permanency outcome performance for 24+ months revealed 34.6 percent (19A19B AFCARS period), which is a 3 percent increase from 2018 reported data. The national performance is 31.8 percent.

In FY 2019, PAQIA partnered with Program Operations’ supervisors, program managers, and administrators over the course of monthly meetings to help the administration expand its data-driven management and practice while still maintaining a focus on family-centered child welfare practice. Discussions included barriers to meeting benchmarks and generating solutions to those barriers. Also discussed were trends around entries and exits, engagement of clients, medical and dental appointments, and case planning.

As noted throughout the APSR, FY 2019 continued to see a decrease in the number of children in foster care, including a 5 percent decrease from September 30, 2018 to September 30, 2019. In addition, the percentage of children exiting to positive permanency (reunification, adoption or guardianship) increased from 84 percent in FY 2018 to 87 percent in FY 2019. More than one in four children (aged 18+) exited to positive permanency in the fiscal year.



STRATEGY 2.1 – PLACE CHILDREN AND YOUTH WITH KIN FIRST WHENEVER POSSIBLE

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21-Q1	FY22	FY23	FY24
Increase placements with kin	35%	28%	28%					

Source: Four Pillars Scorecard, FY2020 Q1

With regard to placement stability, the CFSR noted that many children were living in stable placements. The Agency’s Resource Parent Support Unit helped to support placement stability, including kinship placements which were frequently stable.

FY 2022 APSR Update

The benchmark for placement stability is 50 percent. As of FY 2021-Q1, performance was 52 percent. Data profile performance on placement stability as of February 2021 reported an average 6 moves per 1,000 days for the foster care population (data as of the 20A20B AFCARS reporting period). The national performance definition for placement moves is defined as the during the 12-month period, number of placement moves during the 12-month period, to include placement moves and disruptions. The national performance average is 4.44 moves.

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Increase # of children with one placement in the past 12 months	50%	45%	47%	50%	52%			

Source: Four Pillars Scorecard, FY 2021 Q1

For parent and child visits, the benchmark is 80 percent. As of FY 2020-Q1, 75 percent of parents and children were meeting their visitation requirements. As of FY 2020, 76 percent of parents and children were meeting their visitation requirements.



STRATEGY 2.3 – PRESERVE THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21-Q1	FY22	FY23	FY24
Increase parent/child visits	80%	75%	83%	76%	75%			

Source: Four Pillars Scorecard, FY 2021 Q1



STRATEGY 2.2 - EXPAND THE SPECIALIZED PLACEMENT ARRAY FOR BETTER PLACEMENT MATCHING

The benchmark for placement stability is 55 percent. As of FY 2019-Q1, performance was 50 percent. Based on the 2019 Needs Assessment (as of April 2019), current performance around placement stability indicates that 49 percent fewer children have experienced a placement disruption since October 2018. Thus far in FY 2019, nearly 3 out of 4 (72 percent) children experienced no disruptions in placement. Additionally, current analysis has found that for children with a placement change, their initial placement move was likely to occur in the first three months of care.

FY 2021 APSR Update

The benchmark for placement stability for FY 2020 is 50 percent, with performance as of FY 2020-Q1 reporting 47 percent. Data profile performance on placement stability reported 6.50 moves per 1,000 days for the in-care population (19A19B AFCARS reporting period). The national performance is 4.44 moves.

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Increase # of children with one placement in the past 12 months	50%	45%	47%					

Source: Four Pillars Scorecard, FY 2020 Q1

For parent and child visits, the benchmark is 85 percent. As of FY 2019-Q1, 88 percent of parents and children were meeting their visitation requirements.

FY 2021 APSR Update

For parent child visits, the benchmark is 85 percent. As of FY 2020-Q1, 75 percent of parents and children were meeting their visitation requirements.



STRATEGY 2.3 – PRESERVE THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Increase parent/child visits	85%	75%	83%					

Source: Four Pillars Scorecard, FY2020 Q1

Moving Forward: PIP Integration

Similar to the Safety Outcomes, the Agency is integrating PIP activities into the CFSP to address Permanency Outcomes 1 and 2 and to improve practice performance. Specifically, CFSA is continuing to partner with the Family Court to meet the permanency performance metric. In September 2018, for example, CFSA conducted a judicial focus group with seven of the eight magistrate judges to examine barriers to permanency. The focus group identified several areas for improvement, including court scheduling issues, challenges with subsidy agreements, and delays in issuing findings. CFSA has been working with the Court Improvement Project⁴⁷ and is currently awaiting the results from surveys completed by attorneys from the District’s Council on Child Abuse and Neglect. The Agency anticipates that the survey findings will help CFSA to better understand the attorneys’ perspectives on the CFSA-Family Court partnership and, in turn, help to improve permanency outcomes for children and families.

CFSA continues to fine-tune internal practices that are known to impact permanency outcomes, including the family team meeting (FTM) process. Changes to the FTM include an increase in the frequency of FTMs during crucial decision points in the case, which provides recurrent opportunities for identification and engagement of relatives who can support the family. Other changes include efforts to increase family participation, and efforts to better engage parents and family networks to facilitate collaborative family involvement in case planning. Family involvement includes decision-making for the identification of services that meet the family’s needs toward achieving their identified permanency goal.

⁴⁷ The Court Improvement Project is a federally funded effort to increase positive outcomes related to court performance in general, and child welfare permanency outcomes in particular.

FTM changes also include family involvement in the coordination and review of the FTM agenda. Based on the families’ desire, CFSA may also invite parent advocates and attorneys. With this improved process in place, the overall objectives of the FTM are met: teaming with the family, having the family together to discuss the direction of the case, and having the family together to assess decision points on placement, school, and support for navigating the court system. The FTM further allows for CFSA to know who the support systems in the family are and to engage these supports.

FY 2022 APSR Update

As of FY 2021-Q1 the benchmark is 55 percent for increasing the number of youth either employed or participating in an internship. FY 2020 performance exceeded the target, reporting out at 64 percent, an increase of 15 percentage points, compared to FY 2019. The benchmark is 70 percent for increasing youth who graduate from high school. In FY 2020, 69 percent of youth in foster care graduated from high school, a four percentage-point decrease from FY 2019.



STRATEGY 3.3 – INCREASE COMMUNICATION AND TEAMING WITH SCHOOLS

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21-Q1	FY22	FY23	FY24
Increase youth who have employment or internship experience	55%	Annual Measure	46%	64%	Annual Measure			
Increase youth in foster care who graduate from high school	70%	Annual Measure	73%	69%	Annual Measure			

Source: Four Pillars Scorecard, FY 2021 Q1

FY 2021 APSR Update

For the PIP Baseline Year performance, practice ratings for 36 of 51 applicable cases reviewed between March 2018 and February 2019 were a strength (70.6 percent) for Permanency Outcome 1, Item 4: Stability in Foster Care. For Item 5: Permanency Goal for Child, practice ratings for 22 of the 51 applicable cases were again a strength (43.1 percent). For Item 6: Achieving Reunification, Guardianship, Adoption or Other Planning Permanent Living Arrangement, the strength ratings continued for 13 of the 51 applicable cases (25.5 percent).

Well-Being Outcomes 1, 2 and 3: Round 3 Indicators

- ▶ Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.
- ▶ Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
- ▶ Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

For Well-Being Outcome 1, CFSR findings showed significant delays in providing appropriate services to children in foster care, primarily as a result of inconsistent completion of quality comprehensive assessments. For children receiving in-home services, the findings also reported a lack of ongoing comprehensive assessments. Regarding the needs of birth parents and resource parents, the 2016 CFSR findings showed an overall lack of either formal or informal comprehensive assessment, both initially and on an ongoing basis.

For Well-Being Outcomes 2 and 3, the CFSR findings showed that CFSA was not monitoring in-home cases opened for educational neglect. Overall, the Agency was assessing the physical health and dental care needs of children. Regarding well-being and mental health, generally the initial assessments were adequate to identify the mental and behavioral health needs of the children; however, the cases did not have follow-up or ongoing assessments to determine the need for ongoing services or any changes with the child’s mental health or behavior.



STRATEGY 3.3 – INCREASE COMMUNICATION AND TEAMING WITH SCHOOLS

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Increase youth who have employment or internship experience	55%	Annual Measure	46%					
Increase youth in foster care who graduate from high school	70%	Annual Measure	73%					

Source: Four Pillars Scorecard, FY 2020 Q1

FY 2021 APSR Update

As of FY 2020, the benchmark is 55 percent for increasing the percentage of youth who have employment or internship experience. Performance as of FY 2019 was 46 percent. The

benchmark for increasing youth in foster care who graduate from high school is 70 percent; the FY 2019 performance was 73 percent, 3 percentage points above the target.

The following CFSP measures of progress align with Well-Being Outcome 2:

- ▶ Increase children and youth who receive needed behavioral health services.

For children and youth receiving behavioral health services, the benchmark is 81 percent. The Agency will report annually on this performance measure.

FY 2022 APSR Update

For children and youth receiving behavioral health services, the FY 2021 benchmark is 81 percent; performance as of FY 2020 was 91 percent, a 15 percentage-point increase.



STRATEGY 3.1 – CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR PHYSICAL AND BEHAVIORAL HEALTH NEEDS

Measure(s) of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21-Q1	FY22	FY23	FY24
Increase children and youth who received needed behavioral health services	81%	Annual Measure	76%	91%	Annual Measure			

Source: Four Pillars Scorecard, FY 2021 Q1

FY 2021 APSR Update

For children and youth receiving behavioral health services, the FY 2020 benchmark is 81 percent; performance as of FY 2019 was 76 percent.



STRATEGY 3.1 – CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR PHYSICAL AND BEHAVIORAL HEALTH NEEDS

Measure(s) of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Increase children and youth who received needed behavioral health services	81%	Annual Measure	76%					

Source: Four Pillars Scorecard, FY 2020 Q1

The following CFSP measure of progress aligns with Well-Being Outcome 3:

- ▶ Increase timely developmental screenings of children in foster care ages birth-to-5.

The benchmark for timely development screenings is 90 percent for children ages birth-to-5. As of FY 2019-Q1, 96 percent of children in this age bracket received timely developmental screenings.

FY 2022 APSR Update

The FY 2021 benchmark for timely development screenings is 90 percent for children ages birth-to-5. As of FY 2021-Q1, 95 percent of children in this age bracket received timely developmental screenings, a 4 percentage-point increase from FY 2020.



STRATEGY 3.1 – INCREASE CFSA IN-HOUSE CAPACITY TO CONDUCT PHYSICAL AND BEHAVIORAL HEALTH SCREENINGS AND PROVIDE TREATMENT TO CHILDREN

STRATEGY 3.2 – INCREASE CONTRACTED CAPACITY TO MEET CHILDREN’S SOCIAL AND EMOTIONAL HEALTH NEEDS

Measure(s) of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Increase timely developmental screenings of children in foster care ages birth-5	90%	94%	92%	91%	95%			

Source: Four Pillars Scorecard, FY 2021 Q1

FY 2021 APSR Update

The FY 2020 benchmark for timely development screenings is 90 for children ages birth-to-5. As of FY 2020-Q1, 94 percent of children in this age bracket received timely developmental screenings.

For PIP Baseline Year performance, practice ratings were a strength (18.4 percent) for 14 of the 76 applicable cases reviewed between March 2018 and February 2019 for Well Being Outcome 1, Item 12: Needs and Services of Child, Parents and Foster Parents. For the Item 13: Child and Family Involvement in Case Planning, practice ratings for 18 of the 70 applicable cases were again a strength (25.7 percent). For Item 14: Caseworker visits with Child, practice ratings for 45 of the 76 applicable cases were also a strength (59.2 percent). For Item 15: Caseworker visits with Parents, practice ratings for 15 of the 66 applicable cases continued as a strength (22.7 percent).



STRATEGY 3.1 – INCREASE CFSA IN-HOUSE CAPACITY TO CONDUCT PHYSICAL AND BEHAVIORAL HEALTH SCREENINGS AND PROVIDE TREATMENT TO CHILDREN

STRATEGY 3.2 – INCREASE CONTRACTED CAPACITY TO MEET CHILDREN’S SOCIAL AND EMOTIONAL HEALTH NEEDS

Measure(s) of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21	FY22	FY23	FY24
Increase timely developmental screenings of children in foster care ages birth-5	90%	94%	92%					

Source: Four Pillars Scorecard, FY 2020 Q1

Moving Forward: PIP Integration

To address Well-Being Outcomes, the District has integrated activities from the PIP to improve practice performance. Specifically, to address the delay in mental health service provision, CFSA redesigned the process for children and youth receiving mental health services. This redesign included the hiring therapists as CFSA staff to provide emergency and short-term therapeutic services for children entering or re-entering foster care. CFSA will continue to partner with the District’s Department of Behavioral Health for community-based services for longer-term service provision for children and families.

Conclusion

In the development of the CFSP measures of progress, CFSA examined alignment with the CFSR Round 3 indicators, the Four Pillars Scorecard, and the CFSR Round 3 data profile. CFSA determined that while integrating the three primary source documents to build performance metrics, the Agency's outcomes would improve if the scope of the metrics included collaborative stakeholder feedback. This expansion applied to Goal 1 and the measure of progress on community engagement (referenced in the Safety Outcomes section). Under CFSP Goal 4, the following measures of progress were developed:

- ▶ Increase youth exiting care with stable housing.
- ▶ Increase youth enrolled in/completing vocational training or certification program.
- ▶ Increase youth graduating from college.

Moving forward, CFSA's CFSP measures of progress will continue to be representative of critical benchmarking documents, such as the Four Pillars Scorecard and Data Profile while aligning the Agency performance objectives with the Agency's priorities. In identifying areas in need of improvement, CFSA will also continue to use both baseline CFSR Round 3 performance data and internal data analyses to assess performance and to make practice adjustments as appropriate for improving practice.

FY 2022 APSR Update

Pursuant to the PIP measurement plan, the District committed to reviewing 76 cases a year over a three-year period. In the past year, the District has made substantial progress in decreasing the case review backlog and meeting PIP item performance goals. The District is required to meet the items that were not met in the last CFSR review. During the 3-year measurement period, the first year was the baseline year that the Children's Bureau used to calculate the performance benchmarks for CFSA to meet. To date the District has met all ten with the exception of Item 2.

As of December 31, 2020, the District completed the Year 2 backlog, in preparation for the Year 3 case review year progress. While Measurement Period 1, did not report any PIP item performance goal progress, Measurement Period 2 reported the District meeting one item – Item 14. Caseworkers visits with Children. The District made substantial progress in Measurement Period 3, meeting the following items: Item 1, Item 3, Item 4, Item 5, Item 6, and Item 12. With the conclusion of Measurement Period 3, the District needed to meet PIP Items 2, 13 and 15. With Measurement Period 4, the District has met Items 13 and 15. As of the conclusion of Measurement Period 4, only Item 2 remained for the District to meet the identified PIP goal. To date, the number of applicable cases that need to meet the item threshold had not been met. Strategies utilized through measurement period 4 to increase the

number of Item 2 cases involved the District applying a pre-screening process of the case sample to ensure meeting the Item 2 criteria. CFSA strategies to increase Item 2 case count applicability improved in Measurement Period 4, however, the District has not met the twenty-nine cases needed for measurement of PIP item performance. The next strategy the District will explore is to extend the 12-month measurement period to 15 months to meet the applicable case count for Item 2, thereby meeting the case applicability count for performance goal measurement of Item 2. Upon meeting all PIP case review goals, the District will explore internal mechanisms for CFSA to continue using the On-Site Review Instrument to conduct case reviews. The sample size and frequency of these reviews will be determined in consultation with the Children’s Bureau, Region 3 team.

The District has completed the CFSR Round 3 PIP case review process and moving forward, the agency will maintain the Quality Service Review case review process that serves as the agency’s CQI relative to case practice needs and improvements. Moving forward relative to conducting the state case review, the District is examining resource allocation to support a state case review process. The formal planning process for the CFSR Round 4 will begin in January 2022, with the planning team meeting monthly with CB to discuss guidance protocol, as well as to examine the resources needs to complete the state case review. For consideration has been exploration of case review model, with the frequency (eg: quarterly) and sample size to be determined as the barometer for decision making needs as to the feasibility of conducting a state review.

CFSR Items Requiring Measurement	Item Description	PIP Baseline	Adjusted PIP Goal	Measurement Period 1 Performance	Measurement Period 2 Performance	Measurement Period 3 Performance
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	66.7%	76%	68.57%	70%	76%
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	46.7%	57%	52%	Not enough applicable cases to calculate performance	Not enough applicable cases to calculate performance
Item 3	Risk and Safety Assessment and Management	51.3%	58%	50%	57%	65%
Item 4	Stability of Foster Care Placement	70.6%	78%	65.96%	69%	78%
Item 5	Permanency Goal for Child	43.1%	51%	34.04%	43%	54%

CFSR Items Requiring Measurement	Item Description	PIP Baseline	Adjusted PIP Goal	Measurement Period 1 Performance	Measurement Period 2 Performance	Measurement Period 3 Performance
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	25.5%	32%	21.28%	25%	33%
Item 12	Needs and Services of Child, Parents, and Foster Parents	18.4%	23%	7.89%	16%	29%
Item 13	Child and Family Involvement in Case Planning	25.7%	31%	13.04%	19%	28%
Item 14	Caseworker Visits With Child	59.2%	65%	60.53%	68%	Goal Achieved
Item 15	Caseworker Visits With Parents	22.7%	28%	12.12%	16%	23%

Note: The District met Item 14 in Measurement Period 2.

FY 2021 APSR Updates

Child and Family Services Review (CFSR) Round 3 District of Columbia: Program Improvement Plan (PIP) Measurement Plan Goals ⁸ Case Review Items Requiring Measurement in the PIP <i>Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted March 2018 - February 2019⁷</i>									
CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level ¹	Number of applicable cases ²	2% Tolerance Applied to Min. Applicable Cases	Number of cases rated a Strength	PIP Baseline ³	Baseline Sampling Error ⁴	PIP Goal ⁵	Adjusted PIP Goal ⁶ 2 Months
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	30	29	20	66.7%	0.11016486	77.7%	76%
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	30	29	14	46.7%	0.116587529	58.3%	57%
Item 3	Risk and Safety Assessment and Management	1.28	76	74	39	51.3%	0.07338761	58.7%	58%
Item 4	Stability of Foster Care Placement	1.28	51	50	36	70.6%	0.081667937	78.8%	78%
Item 5	Permanency Goal for Child	1.28	51	50	22	43.1%	0.08876976	52.0%	51%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	51	50	13	25.5%	0.078112076	33.3%	32%
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	76	74	14	18.4%	0.056917975	24.1%	23%
Item 13	Child and Family Involvement in Case Planning	1.28	70	69	18	25.7%	0.066865306	32.4%	31%
Item 14	Caseworker Visits With Child	1.28	76	74	45	59.2%	0.072156704	66.4%	65%
Item 15	Caseworker Visits With Parents	1.28	66	65	15	22.7%	0.066027489	29.3%	28%

As of December 31, 2019, the District had completed the measurement plan baseline year case reviews. The baseline review period occurs from March 2018 through February 2019, using

monthly the period under review (PUR) along with sample periods with start dates beginning June 2017 and ranging through May 2018.

Analysis of the case reviews determined the District's performance goals for Items 1-6, and Items 12-15. Included with the summary of performance are adjusted improvement goals, accounting for the period of overlap between the baseline period, and the PIP implementation period. The District of Columbia has 2 months of overlap based on a PIP implementation period beginning January 1, 2019 through the baseline period ending February 29, 2019.

As noted above, the District's case review timeframes began in March 2018. These timeframes will potentially extend through March 2022 to incorporate the non-overlapping period, which consists of two full AFCARS periods after the PIP implementation period ends. In order to meet the PIP measurement goals, the District is proposing the following strategies:

District Strategies to Meet Minimum Applicable Case Requirements to Evaluate Achievement of PIP Measurement Goals

The District of Columbia's strategies to meet the minimum number of applicable case requirements by item will include the following activities:

1. Extending the measurement period up to 15 months
 - The District will extend the 12-month measurement period in monthly increments ranging between 13-15 months to meet the applicable case count by item, pursuant to the baseline case analysis.
2. Targeted case sample identification and case removal
 - The District will review 76 cases in years 2 and 3 of the PIP with the aim to ensure meeting the minimum applicable case count by item.
 - Of the 6 or 7 cases reviewed monthly, the District will examine the item applicability of the identified sample cases by moving down the randomly ordered sample frame, and then targeting cases for review for the second half of the random sample, including foster care and in-home services that meet both the sample requirements and the item applicability criteria. For example, of the 6 or 7 cases to be reviewed for the second half of the random sample, the Agency will ensure that a minimum of 3 cases (2 foster care cases and 1 in-home services case) will meet the item applicability criteria.

At present, the District is not considering reviews of additional monthly cases. Instead, the District is applying the two aforementioned strategies for extending the measurement periods and the targeted case sample identification, and removal process to meet the item applicability

criteria of the PIP measurement plan. Additional measurement plan changes include the adjustment of Year 2 ending in March 2020.

SYSTEMIC FACTOR 1: INFORMATION SYSTEM

OVERVIEW

CFSA uses a web-based child information system, known locally as FACES.NET, to provide CFSA and CFSA-contracted (private agency) social workers and other staff with ready access to case and child-specific information. This information includes child status, demographic characteristics, location, and goals for placement for every child in foster care. Due to the confidential nature of such information, FACES.NET requires secure settings and data access rights. These settings and rights are the same for CFSA and CFSA-contracted staff. As of April 30, 2019, private agency case management responsibility accounted for approximately 45 percent of all children and youth in the District foster care system.

As the central repository for all child welfare client-level information in the District, FACES.NET is secure and completely accessible to approved users wherever there is an internet connection. The system operates uniformly throughout all the District's geographic and political subdivisions. FACES.NET also serves all the following required federal recordkeeping, program, and reporting functions:

- Intake management

- Case management

- Foster care provider resource management and licensure

- IV-E eligibility determinations and re-determinations

- Court tracking

- Financial management (for client-specific services and expenses)

- Administration and quality assurance

- Federal reporting, including AFCARS,⁴⁸ NCANDS,⁴⁹ Monthly Visitation, and NYTD⁵⁰

It is imperative that demographic information for children is 100 percent accurate for each state's child welfare information system. As of April 30, 2019, the District has continued its conformity with the data entry component of this systemic factor. Regarding demographic characteristics, CFSA data entry is 100 percent for gender and age of clients. For goals and legal status, data entry is 99 percent with 88 percent for both race and ethnicity. FACES.NET generates data reports as needed.

⁴⁸ Adoption and Foster Care Analysis and Reporting System

⁴⁹ National Child Abuse and Neglect Data System

⁵⁰ National Youth in Transition Database

FY 2022 APSR Update

As of April 30, 2021, the District has continued its conformity with the data entry component of this systemic factor.⁵¹ Regarding demographic characteristics, CFSA data entry is 100 percent for gender and age of clients. For goals and legal status, data entry is 100 percent respectively. Although the goal for entering both a race and an ethnicity for each child is 100 percent, CFSA data entry is 92 percent for race and 89 percent for ethnicity, respectively. FACES.NET generates data reports as needed.

FY 2021 APSR Update

As of April 30, 2020, the District has continued its conformity with the data entry component of this systemic factor.⁵² Regarding demographic characteristics, CFSA data entry is 100 percent for gender and age of clients. For goals and legal status, data entry is 99 percent with 93 percent for both race and ethnicity respectively. FACES.NET generates data reports as needed.

POLICY

CFSA policy requires every CFSA and private agency social worker with case management responsibility to use FACES.NET as their primary case management tool.⁵³ Data entry includes specific core fields, including the four required statewide data elements: legal status, demographic characteristics, location and goals for the placement of every child in foster care. The FACES.NET's data check and balance system also prevents a social worker from entering further case data until the social worker updates certain case-specific data within the fields. The system uses yellow highlighting to regularly prompt social workers which fields await the required data entry.

Specific timeframes for updating child information vary according to the urgency, sensitivity, and nature of the activity being documented. For example, time-sensitive activities such as CPS investigation updates, Family Team Meeting action plans, or placement changes must be entered within 24 hours of their occurrence. Other examples such as contact notes (detailing such case management activities as home visits, collateral contacts, and assessments) can be entered within 72 hours of the service being rendered, and case plans are completed within the first 30 days of an in home or foster care case being opened.

⁵¹ Data pulled from FACES management report CMT366 and PLC156.

⁵² Data pulled from FACES management report CMT366 and PLC156.

⁵³ It is not uncommon for private agency partners to employ custom systems, forms, and practice tools in addition to CFSA's FACES.NET system to support their own case management functions. CFSA nonetheless requires partners to utilize the core FACES.NET case management modules and tools.

ONGOING CONFORMITY WITH SYSTEMIC FACTOR

CFSA's Child Information Systems Administration (CISA) is responsible for maintaining FACES.NET, the District's comprehensive case management system. CISA is also responsible for enhancements or revisions to FACES.NET. Such enhancements are jointly prioritized by CISA and Agency leadership to improve the effectiveness of the system, improve worker efficiency and case practice overall, as well as streamlining data entry efforts.

To ensure proper use of the system, CISA provides ongoing FACES.NET training for new staff members during pre-service training and ongoing employees through in-service training. CISA then disseminates tip sheets to help social workers understand and remember how to navigate particular FACES.NET screens. Such activities support CFSA's efforts to maintain data accuracy. In addition, CISA continues to maintain the same data entry processes that resulted in an overall rating of Strength under the Information System (Item 19) rating during the 2016 Child and Family Services Review (CFSR). The Agency also continues to identify and to address improvements based on testing and user feedback. (See the Enhancements section below.)

CISA Quality Assurance (QA) Processes

The District and Deloitte Consulting share responsibility for activities related to completing impact analyses, gathering report requirements from end users, and determining report logic. Select quality assurance (QA) activities, however, are separate. For example, Deloitte has full responsibility for "bug fixes" and initial QA of the code. The District has responsibility for the following QA activities:

- ▶ Functionally reviewing issues reported to the Help Desk
- ▶ Recommending solutions to system bugs
- ▶ Reviewing and approving design documents
- ▶ User acceptance testing (UAT)
- ▶ Regression testing
- ▶ QA reviews
- ▶ Confirming validity of data
- ▶ Training and evaluations from trainings on needed functionality modifications

CISA works directly with the District's Office of the Chief Technology Officer (OCTO) to ensure that technology services are running well, i.e., guaranteeing service availability to the users, looking at each business within the Agency, and mapping and developing solutions that give value to end users utilizing CFSA's network.

Title IV-E Foster Care Eligibility Determinations and Medicaid Enrollment

Every time a child is removed from his or her home and placed into foster care, Title IV-E and Medicaid eligibility technicians from CFSA's Business Service Administration (BSA) perform a QA check to ensure that the assigned social worker has accurately entered the basic demographic information of each child. BSA then determines the child's Title IV-E eligibility and enrolls the child in the District's Medicaid fee-for-service foster care insurance program. A key facet of the eligibility determination and enrollment process involves the reconciliation of FACES.NET demographic data with the same information entered in the District's Department of Human Services' (DHS) DC Access System (DCAS).⁵⁴ Through a Memorandum of Agreement with DHS, which administers the District's Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance (SNAP) programs, CFSA's Title IV-E eligibility technicians have access to the DCAS client portal to determine whether every child entering the foster care system has a family history of TANF, SNAP, or receipt of DC Medicaid coverage. This determination involves a manual client-level record check.

If and when the eligibility technicians determine that any of the FACES.NET demographic data elements fail to match its counterpart in DCAS, a standard course of corrective action begins. The eligibility technician documents the issue in an email to the assigned social worker (and supervisor), and gives one of the following two options to rectify the situation:

1. Provide official documentation (such as a birth certificate or Social Security card) to verify that the demographic data in FACES.NET data is correct.
2. Log into FACES.NET to correct the issue to ensure that the data in FACES.NET matches the data in the DCAS record.⁵⁵

In the rare instances when the eligibility technicians find no record of the child or family in the DCAS system, the assigned social worker is required to provide BSA with copies of the child's birth certificate, Social Security card, and any other official identification (such as passport or immigration documentation) that verifies the child's identity. The eligibility technician then uses the source documentation to verify the FACES.NET data and to complete the eligibility determination and Medicaid enrollment process. BSA eligibility technicians are required to ensure that any such data issues are rectified before they complete their eligibility determinations and enrollment tasks. Every child who receives a DC Medicaid card through the Medicaid fee-for-service program has been vetted through this data quality check. At any given

⁵⁴ The DC Access System (DCAS) replaced the legacy Automated Client Eligibility Determination System (ACEDS) with a modern, flexible, no-wrong-door platform for automated eligibility determinations and ongoing case management.

⁵⁵ If discrepancies occur, the Title IV-E eligibility technician will document and notify DHS of the DCAS data error.

time over 99 percent of children in foster care are enrolled in DC Medicaid (with the remainder pending until the vetting process can be completed and the client data verified).

Enhancements

During the 2015-2019 CFSP review period, CISA has implemented the following FACES.NET and data-sharing enhancements to better support best practices in case work, address federal and local policy initiatives, improve system-wide management and accountability, and facilitate the extraction and analysis of meaningful data:

- ▶ **Email Encryption Program:** In 2017, CISA partnered with OCTO to establish tighter email security controls via an email encryption program so that CFSA staff are now able to securely send sensitive information (e.g., data and case management details inclusive of clients' social security numbers, health and financial information).
- ▶ **Federal Enhancements:** In 2018, CISA revised the hierarchy of investigation referral types to include "sexual exploitation/sex trafficking of a child (by a non-caregiver)." Accordingly, CISA also created "sex-trafficker" as an intake pick-list option when assigning a role to an alleged maltreater. To further support case practice, CISA enhanced the child file field to allow for "safe care plans," including services required for substance-exposed infants. Lastly, the Agency continues to make progress toward FACES.NET compliance as a Comprehensive Child Welfare Information System (CCWIS). A major aspect of the CCWIS-based enhancement will be the integration of feedback and input from case management professionals in the development and the testing of the new case management process modules.
- ▶ **Dashboard Utility –** Noted in the 2015-2019 CFSP, the development of the FACES.NET dashboard utility was the first of two enhancements aimed at giving social workers better and easier access to direct information that can assist them with case level scheduling and decision-making. First, the dashboard allows supervisors and workers to access caseload data in a concise, actionable, and interactive format. It also supports the timely completion of case management tasks by providing a comprehensive view of each social worker's performance across 19 distinct measures. Over the past year, the dashboard was enhanced to indicate the existence of duplicate clients for a social worker. CISA then started a massive duplicate client merge clean-up project called "Close the Loops – No More Dups." This project is ongoing and includes tracking and reconciliation of client information such as ward and address that social workers formerly entered by hand. By the end of June 2019, social workers will no longer manually enter addresses. Rather, CISA created a mapping function that populates the address as its being entered into the appropriate field. This function is expected to improve the availability and accuracy of

ward and address information, as well as the Agency's ability to map by ward and neighborhoods where children and investigations originate. The mapping capability also locates providers in geographic relation to families with children entering foster care.

- ▶ **BIRST Data Visualization Dashboard:** As mentioned in the 2015-2019 CFSP, this dashboard continues to serve a data accountability function for supervisors and program managers to observe their workers' caseload statuses as well as the Agency's status on performance indicators. The dashboard serves an important QA purpose by highlighting incongruous case status information (such as inappropriate permanency goal with respect to the length of time the child has been in foster care) and by providing supervisors with ready access to the client information and case management activities of their case-managing team members. Because BIRST is a web-based application, users have widespread system access. The applications are compatible with most Internet web browsers and can be accessed wherever users have an internet connection using their security credentials. Enhancements to BIRST are automatic whenever there are enhancements to FACES.NET management reports that feed into the visualization program.
- ▶ **Well-Being Profile:** The purpose of the Well-Being Profile is to provide one central location in FACES.NET for social workers to quickly view and analyze case-related information for clients. The profile is especially helpful for social workers to examine the clinical make-up of clients within each case record, including current and historical CAFAS/PECFAS⁵⁶ assessments for each child, providers' locations relative to the child, and the current view of Caregiver Strengths and Barrier Assessment for each caregiver and visitation data. The goal of the profile is to determine which services lead to more positive outcomes for children and families.
- ▶ **Temporary Safe Haven Redesign (TSHR):** In FY 2018, CFSA launched TSHR by transitioning from seven contracted private agencies to one Maryland child placing agency to provide family-based case management services for all DC children placed in a Maryland foster home. CFSA continues to case manage all children in foster care in DC. Two exceptions include Spanish-speaking families served by CFSA's contract with the Latin American Youth Center, and unaccompanied refugee minors served by the contracted agency Lutheran Social Services. As a result of TSHR, children across the child welfare continuum can receive consistent and comparable foster care service delivery, regardless of placement, provider, or jurisdiction. Regarding

⁵⁶ The CAFAS (Child and Adolescent Functional Assessment Scale) and PECFAS (Preschool and Early Childhood Functional Assessment Scale) provide information on client functioning and help to inform both the case planning and service delivery process.

FACES.NET, TSHR required enhancements to service lines and improving the embedded placement matching system.

- ▶ **Data Tracking and Analysis:** In May 2019, CISA initiated a “Help Us Improve” campaign, which consists of ongoing surveys for all program areas. Survey topics touch on the impact or potential solutions for all challenges related to FACES.NET, data reports, and CFSA’s information technology (IT), including IT equipment, training, and support.

The Agency anticipates that the preceding enhancements and feedback resulting from ongoing surveying of FACES.NET users will continue to promote substantial conformity with this systemic factor. See Planned Activities for how the Agency plans to track, analyze, adjust and report on the functioning of FACES.NET.

FY 2022 APSR Update

Enhancements to the Child Information System:

- ▶ **Ward Letter** – In April 2021, the CCWIS system was enhanced to include a prepopulated and printable Agency “Ward Letter”. This letter stipulates for resource parents and others on a “need to know” basis whether a client is a ward of the District of Columbia. The letter was previously composed manually by social workers.
- ▶ **Resource Directory (NowPow):** In March 2021, CISA in partnership with Community Partnerships provided an all-staff reminder on how to use NowPow. The resource enables social workers and supervisors to search for community-based resources for children and families in one central location. NowPow streamlines a social worker’s research process by allowing them to search using category and condition filters; save and access frequently used services; and share and send resources to families through the "Nudge" feature.
- ▶ **Data Visualization Applications:** CFSA completed its transition from Birst to Tableau in December 2020. CISA recreated existing dashboards in Tableau based on high utility and need from staff. CISA provided case management Tableau trainings for staff to begin learning the new platform. Ongoing input on which dashboards to maintain as the Agency moves towards CCWIS implementation continues to be gathered.
- ▶ **Resource Parent Tracker:** Between December 2020 and July 2021, the implementation of a Resource Parent Tracking system has been underway to consolidate multiple activities and databases. CFSA has committed to maintaining an excess of 10 percent resource parent capacity for foster placements. The tracker captures data for the full life-cycle of work activities that include recruitment, foster

parent training and licensing. This capability is not currently available in FACES.NET. While it is CFSA's plan to implement the new CCWIS with an ability to perform this analysis, it is critical to gain experience in this type of information analysis now. This effort will be developed using QuickBase, a "low-code" development platform. CFSA identified the following activities for this project:

- A workflow tracking tool that spans recruitment, training, licensing and relicensing
- New application programming interfaces (API) and stored procedures to fetch provider availability and capacity
- ▶ **mFACES mobile app:** The mFACES app was updated in October 2020. It was first launched in 2015, giving social workers, family resource workers, and other team members the ability to access high-level client, court, and provider information while in the field. mFACES also enables users to draft, submit, and upload completed contact notes directly from mFACES to the FACES.NET system.
- ▶ **Integration of FACES.NET and QuickBase using Talend:** To improve services and reduce costs, CFSA migrated from the Avoka form automation platform to the District standard, QuickBase. The scope of this change was to improve data quality in QuickBase forms used for educational neglect and clinical referrals through integration with FACES.NET. This was completed in September 2020.
- ▶ **CFSA Connects** – In December 2020, a new Preliminary Screening value called "CFSA Connects" was added to the Hotline tool. This value was added to support staff in an initiative to assist families whose situation does not rise to the level of abuse or neglect, but for which CFSA would like to connect the family to community services.
- ▶ **Dextr** – In September 2020, FACES application was enhanced to work with the Amazon customer service dashboard- Dextr. This tool is utilized by CFSA Hotline staff. The system enhancement allows workers to connect calls taken at the Hotline and then attach them to specific referrals or families in the CCWIS. The feature also allows workers to then playback Hotline calls directly from the CCWIS for a particular referral instead of having to go through Amazon to pull up call info.

Practice Updates:

- ▶ **Family First** – In July of 2020, CISA enhanced the Community Portal and FACES.NET to include webpage descriptions of evidence-based practice (EBP) services. These service descriptions also included inclusionary and exclusionary criteria that social workers should keep in mind before referring services, also factoring in a justification if the social worker decided to submit a referral despite a client not meeting criteria. The system was updated to send batch emails to social workers who have prevention

service candidacies that are about to expire within 30 days. This email feature was updated in October 2020 to include warnings for plans that had already expired. In August of 2020, the following prevention service extension language was added to the Community Portal and added in FACES.NET in December 2020: “All the children in this household are served through CFSA’s In-Home Services program, which offers intensive case management and service referrals to families.” This extension language mimics the language in DC’s Prevention Plan.

Business Processes and Practice Improvement Upgrades

- ▶ **Lean Events:** Despite the pandemic, CFSA has held 26 virtual Lean Events since March 2020. Units leaning their business processes included:

PEER Unit	Child Protection Registry	Prevention Services	Guardianship
Education: School Enrollment	Reunification	Adoption	Paternal Engagement
Contracts Monitoring Division	Education	Stop Client Duplicate Records	Court Removal & Reporting
Office of Fair Hearings	Quality Service Review	Child Fatality Review	Resource Parent Support
CPS to HSA Referral	Mental Health	Needs Assessment-Resource Development Plan	CWTA
Placement	Educational Triage & Educational Neglect Institutional Unit	Education: Childcare Subsidy	In-Home
Community Partnerships	CPS Referral Assignment		

- ▶ **Dashboards:** As of April 2021, CISA began updating the FACES.NET Social Worker Dashboard, FACES Management Reports and Tableau Dashboards. Due to CFSA’s transition from the LaShawn Exit and Sustainability Plan (ESP) to the Four Pillars Performance Framework, performance reports (e.g., Permanency Goal and Placement) required logic modifications to capture data needed for reporting (described below). Public dashboards are updated every 45 days after the end of every fiscal year quarter. Three FACES.NET Social Worker Dashboards have been updated, and one is being finalized. All FACES.NET Management Reports and Tableau platforms now reflect these changes. Some impacted dashboards and reports will remain unavailable until all adjustments are complete.
 - The **Permanency Tracker** is continuously monitored and adjusted to increase its alignment with “on the ground” permanency practice and to maximize utility of the system for managers.

- Each month, Permanency staff provide dashboard reports showing progress on the six core permanency metrics to CFSA and partner agency managers, providing a vehicle for targeted practice action steps.
 - Quarterly reports to managers on the full 57 metrics held in the PT system began in April, 2021.
 - Performance targets were added in 2021 to the timeline dashboard metrics, based on 6 months of data in each area. The dashboard measures the compliance with important timelines that occur until a permanency goal is reached.
 - CISA adjusted guardianship data entry and display to more closely align with adoption practice and metrics, increasing emphasis on the filing of a guardianship motion as a critical permanency milestone.
 - CISA also developed new capacity to monitor and aggregate barriers and next steps that are highlighted during periodic mandatory case reviews (called Permanency Goal Review Meetings)
- ▶ **De-Duping:** In addition to the CISA duplicate client merge clean-up project called “Close the Loops – No More Dups” that occurred between FY 2019 and FY 2020, in June 2021, Program Operations and Entry Services also went through a lean event to improve the business process for entering clients into FACES.NET, with the goal of preventing future client duplication in FACES.NET and the future CCWIS system.

FY 2021 APSR Update

Enhancements to the Information System

- ▶ **Resource Directory (NowPow):** The Agency received significant stakeholder feedback over several years that accessing information about services online would be helpful. CFSA researched online resource directory platforms, developed a Request for Proposals, and contracted with the University of Chicago (Chapin Hall) to develop an updated universe of available services that can be easily accessed, managed, incorporated into business processes, and monitored to determine the extent of the outcomes. The solution, coined NowPow, was planned as a stand-alone tool, though there may be an opportunity in the future to introduce direct connectivity with FACES.NET.
- ▶ **JIRA Implementation:** JIRA is software used for bug tracking and project management. Historically, the Agency has employed several applications to document and track help desk calls, data fixes (user errors), application bugs, source

code, testing, management reports, projects, and development activities. Streamlining these processes, establishing industry standard tracking, and providing transparency into technology efforts is paramount to the District's full implementation of the federal guidelines for a Comprehensive Child Welfare Information System (CCWIS). CFSA will identify and implement an enterprise solution that meets those needs and improves the Agency's project management ability. Standardizing these processes is vital to establishing a firm, single source, platform for all the Agency's development activities and provide transparency. CFSA identified JIRA as a product to help streamline the Agency's applications as the Agency moves towards implementing CCWIS.

- ▶ **Placement Matching:** The planned Phase for placement matching has involved expanding the data used to create profiles for children and CFSA's network of providers. Drawing upon the development of the Agency's profile questionnaire and profile completed in FY 2018, this enhancement to the existing functionality has improved data quality associated with provider management. Specifically, the system now generates several system validations that require social workers to completely remove a provider when services are ended. Revisions made to the algorithm driving the matching process has produced better matched results and has incorporated a hierarchy of placement options. Kinship providers receive the highest ranking, followed by DC licensed foster care homes and then licensed homes outside the District. The business flow has also been streamlined to directly align with changes in practice. Social workers are allowed to complete the following activities:
 - ▶ Submit referrals for placement.
 - ▶ Complete a comprehensive child questionnaire to identify needs.
 - ▶ Divert referrals to an inbox to support supervisors in triaging referrals and assign staff in a timely manner.
 - ▶ Generate reports in real time with identify available providers.
 - ▶ Document all efforts made to identify an appropriate placement.
 - ▶ Geo-map those available providers to graphically depict the proximity of providers to each child's school and neighborhood of origin.
- ▶ **Mental Health Redesign:** Since FY 2018, CFSA has introduced more comprehensive medical and behavioral health care services by hiring clinical therapists. These expanded services required modifications to FACES.NET. Modifications included the addition of screens that specifically capture diagnosis codes, added security, and designated areas to record contact notes that are distinct from case notes. The Agency completed these modifications to capture the full range of services provided

by the Agency and to establish the foundation for future claiming of therapeutic services.

- ▶ **Data Visualization Applications:** The CFSA reporting and business intelligence capabilities have historically been a combination of Crystal Reports and a data visualization application called BIRST. The Agency staff responsible for performing data mining and analytics have conducted a comparison and have decided that Tableau, a standard in the District, is better able to meet the requirements of CFSA now and in the future. In FY 2019, CFSA began transitioning from BIRST to Tableau for CFSA data analytics and visualization. The use of Crystal Reports will continue for scheduled management reporting needs. The decision to initiate development is due to a combination of the Agency's changing data reporting needs and the cost associated with maintaining the existing platform. District-wide tools (Microstrategy and Tableau) handle data integration.
- ▶ Federal mandates, District policy, and practice changes regularly require modification to FACES.NET functionality. CFSA is aggressively trying to avoid any new technical development work for FACES.NET. However, due to legislative and programmatic changes, and sister agencies' priorities, a certain set of updates are unavoidable. The modifications generally fall into three categories: technical, practice, and business reengineering. The completed revisions for FACES.NET are detailed below.

Technical Upgrades

- ▶ **Upgrade of production servers from Windows 2008:** The FACES.NET production database server was operating Windows 2008 and required an upgrade since support for managing these servers would no longer be available. This upgrade was a required activity to meet Microsoft recommendations and continued compliance with DC IT requirements. CFSA production servers currently operate Windows 2012.

Practice Upgrades

- ▶ **National Youth in Transition Database (NYTD):** The Children's Bureau conducted a comprehensive on-site audit of the CFSA NYTD data collection and reporting processes. An informal report was shared in the winter of 2019. However, a formal report has not yet been provided to CFSA. The annual submission of District NYTD data has included a change that was made based on the audit education parameter findings. Upon delivery of the report, it was made clear that the District misunderstood the requirement related to the last completed grade in the reporting period. CFSA resubmitted the 2019 report with the correction and was able to revise several issues raised in the body of the report.

- ▶ **Family First:** The new business processes and IT infrastructure for the Family First program was deployed on October 1, 2019. CFSA has trained over 280 staff and community service providers in the new Family First processes and IT infrastructure. The Agency developed a Community Portal to allow referrals to be easily and securely submitted to community providers. Community providers document all prevention services provided, based on the Agency's approved Prevention Plan. Future efforts for development will include access to risk assessment and reassessment reports, functionality to allow users to extend candidacy dates for the clients receiving prevention services through Family First program, functionality to provide information for prevention services offered through Family First program, and functionality to allow users to document exclusionary criteria while requesting prevention plan services for clients through the Family First program.
- ▶ **Hotline call center move from on-premise to a cloud solution:** CFSA expedited the modernization of the District's Child Protective Services Hotline technology used to receive reports of abuse and neglect in response to COVID-19 pandemic. The Hotline is a 24/7 call center operated by staff at the Agency's 200 I St SE headquarters. The phone system and backend applications (Avaya and NICE), were implemented over 15 years ago using District standard technology operated by the Office of Chief Technology Officer (OCTO). That system required that staff be on-site. In 2019, OCTO introduced the option of using AWS Connect as a call center solution for all District agencies. CFSA was exploring this option when COVID-19 arrived in the U.S. To reduce risk of infection in the offices, CFSA quickly converted the phone system to AWS Connect. The transition took less than two weeks. This quick transition allowed staff to work from home. CFSA is now implementing the needed technology to achieve the following objectives:
 - Associate the calls to referral cases in FACES.NET.
 - Allow listening to recordings of calls by staff (now only supervisors can replay call).
 - Provide additional performance management functionality for supervisors.
- ▶ **Placement Matching upgrades:** Since FY 2014, CFSA has customized the FACES.NET application to include placement matching functionality. The expansion has allowed designated workers to use client demographic information and documented provider information to determine appropriate placements. In FY 2020, smaller customizations were made to further support placement workers, including notifications when placements are voided, increased access to placement questionnaires, and email alerts.

- ▶ **COVID 19 Response:** During the COVID-19 pandemic, the Computer Information Services Administration (CISA) partnered with program staff to determine the appropriate way to document and provide services to COVID-impacted children. This determination included creating a drop-down box to correctly capture data points such as virtual visits. The CISA Helpdesk also produced and electronically distributed a weekly Tech Brief. This brief provides resources and information to improve the telecommuting, security, and overall technology experience for CFSA staff, partners and clients. Moreover, the CISA team has supported telecommuting staff with using Microsoft Teams to continue the Agency’s collaborative efforts among internal and external stakeholders.

Business Processes and Practice Improvement Upgrades

- ▶ **Lean Events:** In preparation for the CCWIS development, CFSA has Leaning Events, a strategy to lean processes that focus on value added for the client toward practice improvement. The Agency has coined the phrase, “*LEANing* into CCWIS.” CISA is supporting the Agency in making space for frontline workers to evaluate practice, be innovators, eliminate workarounds, support integration across administrations and contribute to the build of CCWIS. The Agency believes these lean events throughout each administration will promote processes with customers in mind, to improve efficiency and service delivery as well as eliminate waste in time and resources. The lean events are not an effort to rebuilt FACES.NET, rather it is an opportunity to evaluate practice prior to CCWIS. The events are led by skilled facilitators who assist staff in identifying their customer, create a value stream map (process map) with the customer in mind and learn how to reduce errors and eliminate waste (e.g., time and resources) thus becoming more efficient in service delivery to stakeholders. Nine departments within the Agency have completed a lean event: Placement (Referral Process), Healthy Horizons (The Clinic), Office of Facility Licensing, Family Licensing, Family Re-licensing, Family Team Meetings, Investigations, Diligent Search and Hotline. Seven departments were scheduled between March and June 2020, but due to COVID-19 the lean events have been put on hold because they require in-person activities that cannot be replicated virtually.
- ▶ **Dashboards:** In the past year, CISA has created two new dashboards: (1) a public-facing dashboard (<https://cfsadashboard.dc.gov/>) to improve transparency with the general public, and (2) a Permanency Tracker dashboard. The public dashboard includes CPS and permanency data points such as the total number of children served in foster care and in the home, demographics of children in foster care, placement type of children and whether they are an initial entry or re-entry into foster care, Hotline calls by referral type, count of investigations of abuse and neglect and count

of exits by reasons. The permanency tracker includes six dashboards with 57 permanency metrics, including case overview, permanency timeline, reunification progress, adoption progress, guardianship progress, and subsidy and ICPS progress. The permanency tracker dashboard helps provide real time progress and status on any child throughout their path to permanency. A technological goal of the Agency is to remove the manual databases used throughout the Agency and start housing 100 percent permanency details in these trackers that will be a bridge to CCWIS.

- ▶ **De-Duping:** When CFSA identified duplicate clients in the FACES.NET system, CISA led a duplicate client merge clean-up project called “Close the Loops – No More Dups.” The cleanup continued into FY 2019 as it transitioned to the use of an auto-merge function of duplicate clients in FACES.NET. The dashboards were enhanced last year to indicate the existence of duplicate clients for a social worker. In FY 2020, the combined effort of CISA staff and designated program staff increased the percentage of unique clients from 78 percent to 92 percent. In fact, CISA was able to take advantage of the Master Address Repository (MAR) web service managed by OCTO. This service validates address entered by CFSA staff to ensure that ward and census track information is captured and accurate. Not only does this function improve the availability and accuracy of Ward and address information but the function also increases the Agency’s mapping capabilities.

STRENGTHS AND AREAS IN NEED OF IMPROVEMENT

In fall 2018, CFSA’s Office of Planning, Policy and Program Support (OPPPS) distributed the results of the Agency’s annual FY 2020 Needs Assessment and Resource Development Plan. Findings revealed that CFSA’s different program areas were creating manual databases as an immediate “data fix” for addressing discrepancies that FACES.NET could not address in the time frame needed or did not have the capability of addressing. OPPPS staff shared the findings Agency-wide, which prompted CISA to create a Data Quality Committee to address current and future data enhancements, particularly those necessary for meeting CFSA’s CCWIS requirements. Finally, the committee will address how FACES.NET can more efficiently align with each program area’s business processes.

In spring 2019, OPPPS staff began preparing for the next annual Needs Assessment. One component of the assessment is feedback regarding the Agency’s child welfare information system. To discern data-related needs, OPPPS held focus groups and provided surveys to FACES.NET users, both to gauge opinions on data accuracy and to determine endusers’

satisfaction with the web-based application. OPPPS also asked youth about CISA's distribution of cell phones to the youth, and resource parents about the usefulness of the foster parent app.⁵⁷

In addition, in May 2019 CISA polled staff to gauge CISA's performance as an administration and to identify areas for improvement. Fifty-two percent (56 out of 107) of users indicated that they were satisfied with customer service and products. However, satisfaction with the technology provided by CISA dropped to 41 percent (45 out of 110 users). Respondents identified the following main concerns with FACES.NET:

- ▶ The application is not continually updated with the latest technology to improve performance.
- ▶ FACES.NET is neither user-friendly nor easy to navigate.
- ▶ The application continues to provide duplicate clients due to user error; the application should automatically capture and prevent duplications.
- ▶ FACES.NET continues to freeze and cause staff to lose information.
- ▶ The application needs to be more integrated with analytics.

Strengths

In December 2018, CISA supported the Office of Youth Empowerment by establishing a text messaging program using the Rave Guardian App. Then in March 2019, CISA provided foster youth, who met the criteria of the policy with cell phones to facilitate communications (especially texting) between youth, social workers, and resource parents.⁵⁸ In May 2019, OPPPS conducted two focus groups with a total of 10 youth ranging in age from 14 years old to 20 years old. Youth respondents indicated that they appreciated receiving cell phones, and that using the phones for text messaging was the most useful and best method to reach them.

Challenges

In a survey of 199 child welfare professionals throughout the District, 30 respondents reported being familiar with or having had access to FACES.NET. Of these 30 respondents, 30 percent (n=9) stated they are very satisfied with FACES.NET, 43 percent (n=13) stated they are slightly-to-moderately satisfied, 17 percent (n=5) stated they were not at all satisfied, and 10 percent (n=3) were not users of the system. Although over 70 percent of users indicated that they were slightly-to-very satisfied, there is room for improvement. For example, stakeholders commented

⁵⁷ In the District, family-based foster care providers, including kinship caregivers, are commonly referred to as resource parents.

⁵⁸ Issuance and Use of Mobile Devices for Youth in Foster Care, June 27, 2018.

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Mobile_Phones_for_Youth_Final_July_2018.pdf

that glitches within the system slow down workflow. As noted above, feedback indicated that the system itself appears outdated, and is not user-friendly (too many navigation screens).

One of the focus groups included eight resource parents, whose experiences as placement providers spanned from six months to nine years. The resource parents expressed concern that the foster parent app created in October 2015 was not functioning properly. The app no longer provided the names of all parties involved in a case. CISA (and managers from CFSA's Program Operations administration) learned of this data glitch and have continued to explore a fix to the app, along with the viability and usefulness of the app itself. This concern was raised at the Parent Advisory Committee Meeting (PAC) who has resource parent representatives, which prompted the idea to survey resource parents using the CFSA Resource Parent Newsletter called Fostering Connections. The survey was sent out in June 2019 and responses will be collected and provided back to the PAC for further discussion and recommendations on how to move forward.

In an Agency-wide survey, a total of 43 out of 46 respondents (93 percent) from Entry Services (CPS and In-Home), Program Operations, and the Office of Well Being provided input on whether FACES.NET provided accurate and timely information. Comments received by users indicated that FACES.NET is only as useful as the accuracy of data being entered. Therefore, social workers must regularly update the data for accuracy and reliability across all data screens. Respondents also felt that FACES.NET had too many duplicative values and the interfacing of the application is not user-friendly.

In general, case management and work-flow enhancements are both areas in need of improvement that will impact the development of the Comprehensive Child Welfare Information System (CCWIS) over the next five-year CFSP period. Stakeholders who completed surveys or participated in a focus group believed that CFSA needed to "evolve with the times" in regard to technology. Stakeholders also felt that the Agency's case management processes (i.e., placement matching, licensing, and recruitment) needed to be web-based versus paper. In particular, resource parents stated that updates to their contact information is being captured on hard copy documentation but not necessarily online. By ensuring that all resource parent documentation is online, information that remains the same over the years is readily accessible, especially for re-licensing homes.

OPPPS staff members responsible for the gathering of the above feedback are sharing the results from focus groups and surveys to CISA. CISA's Data Quality Committee will address the results as described below under Planned Activities.

FY 2022 APSR Update

Within a recent survey of 168 child welfare professionals, including CFSA social workers, contracted providers, community-based organization employees, court partners, and other system stakeholders, 14 respondents reported being familiar with or having had access to FACES.NET in their work capacity (for details on the demographic break out of respondents see the Collaborative Section, FY 2022 APSR Update: Surveys and Focus Groups).⁵⁹ Of these 14 respondents, 27 percent (n=3) stated they are very-to-extremely satisfied with FACES.NET, 64 percent (n=9) stated they are slightly-to-moderately satisfied, 7 percent (n=1) stated they were not at all satisfied, and 7 percent (n=1) were not users of the system. About 86 (n=12) percent of users indicated that they were slightly-to-extremely satisfied. Recommendations for improvement mirrored the concerns from last year's findings. For example, stakeholders commented that FACES.NET provides necessary information, but it needs to do more, such as providing more information on resource providers. The system still has glitches and slows down casework. FACES.NET is redundant and needs to be streamlined since it is an older, inefficient, and difficult system to use, especially for conducting searches and entering information. The system needs to become more user-friendly, more modern, and should use fewer screens. CCWIS is expected to address these concerns as an upgrade to FACES.NET.

With the new CCWIS system underway, a question was added to the 2021 survey for respondents to provide their level of agreement on what needs to be captured in the system related to the tracking of services for clients. Findings revealed that over 75 percent of respondents agreed that the new CCWIS should capture a client's access of and engagement in as well as effectiveness of essential services such as food and nutritional needs, shelter and housing needs, medical needs; strengthening services such as wellness needs (substance use, domestic violent, and behavioral needs); and skill-based services to address vocational needs, educational needs, and life skills. The CISA team is also involved with each Lean Event the agency holds, which includes feedback on technical and business process improvements from both internal and external stakeholders.

FY 2021 APSR Update

In the 2020 Needs Assessment survey of 274 child welfare professionals throughout the District, 28 respondents reported being familiar with or having had access to FACES.NET. Of these 28 respondents, 36 percent (n=10) stated they are very-to-extremely satisfied with FACES.NET, 54 percent (n=15) stated they are slightly-to-moderately satisfied, 3 percent (n=1) stated they were not at all satisfied, and 7 percent (n=2) were not users of the system. Although about 90 percent

⁵⁹ Eight percent of respondents provided input on this question, versus 10 percent last year. The respondent count is low, due to the question requiring the respondent to be a case-carrying social worker with CFSA or a partner agency. In this instance, 92 of the total 168 universe responded; of those responses only 14 were actually the lead social worker on a case and required to use FACES.NET.

of users indicated that they were slightly-to-extremely satisfied, which is an improvement in 20 percentage points from last year, recommendations for improvement were nonetheless offered. For example, stakeholders commented that even with enhancements, there were still glitches within the system that continue to slow down workflow, and some screens are too repetitive. Satisfaction comments regarding user-friendliness (e.g., quick and easier navigation) were more varied this year.

CISA is a great support in bridging the digital divide between stakeholders and the Agency. In a June 2020 focus group of eleven resource parents, the resource parent application was addressed. Resource parents offered that a lot of resources have been spent on digital information sharing but it has not been updated regularly. There is not one clear place that this information is always available. Besides a central location for resources, participants offered that the previous Foster Parent App was not updated so information (e.g., case and treatment and providers, etc.) was inaccurate and social workers were unaware with how to ensure their updates were uploaded correctly from FACES.Net into the application. This issue was a consensus across the group; the diagnosis of the problem was not that the App was underutilized rather it could not be used properly without accurate information. This information is similar to last year's findings and will be shared with CISA and Programs as a part of the feedback loop.

FY 2022 APSR Update

Strengths and Areas in Need of Improvement

In order to close the feedback loop on needs, strengths and areas in need of improvement related to technological supports, OPPPS held a debriefing session in the Fall of 2020 to discuss next steps that Program Operations (in collaboration with CISA) would take to respond to the concerns of stakeholders. Only prevalent themes that were mentioned across stakeholders or repeated from the previous year were elevated in this discussion (for details on this feedback loop see the Collaborative Section, FY 2022 APSR Update: Surveys and Focus Groups).

Stakeholder Feedback: Resource Parents expressed concern that the foster parent app did not provide up-to-date and accurate information. And when parents asked social workers how to do anything technical with the app, the social workers expressed unfamiliarity with the app themselves.

- **CFSA Response:** It is helpful to know from a stakeholder perspective what the diagnosis of a problem is because it looked like low utility from resource parents was the issue.
 - **Action Step #1:** CISA is looking into whether or not to maintain the foster parent app. If maintained, CISA will look into training all social workers,

including those who work directly with resource parents on the app and the need to keep information accurate and up-to-date. Program Operations may also consider designating a lead to ensure current information remains a priority and is inputted into the app by social workers in a timely fashion. In a follow-up discussion with CISA in June 2021, the foster parent app is currently not in use since being decommissioned in FY 2019. There were a lot of data quality issues that affected customer experience and the plan is to roll out an improved tool as part of CCWIS implementation.

Stakeholder Feedback: Resource parents identified a need for a policy and training on digital security, specifically to identify and prevent bullying and trafficking. They inquired, “How do parents and staff talk about digital health and dangers to youth who have computers and cell phones?” They also expressed the concern that youth were removing the “Netsanity” security feature from their phones and felt that this should not be permitted. Lastly, social workers are able to track a youth’s location when they are in abscondence and those details should be shared with the resource parent.

- **CFSA Response:** The cell phone policy is currently being revised and the Policy Unit will work with CISA and Program Operations to inquire about the security features and what needs to be included in policy regarding such features. Moreover, CFSA will look into any requirements around social workers turning the location function on to track youth who have cell phones and to determine what the sharing of that location with resource parents looks like.
 - **Action Step #1:** OPPPS will team with CISA and Program Operations to update the cell phone policy, keeping feedback in mind. Also, CWTA offered a new training at the end of 2020, entitled *Social Media and Child Development*. The course discusses the dangers of social media, parental protections, and sex trafficking.

PLANNED ACTIVITIES

In collaboration with program areas, CISA continues to support the tracking, reporting and QA of federal and local data measures. In addition to reporting all of the federally-required reporting standards for AFCARS, NCANDS, Monthly Visitation, and NYTD, CISA also uses FACES.NET to capture the vast majority of data pertaining to the LaShawn A. v. Bowser Implementation and Exit Plan (IEP).⁶⁰ The FACES.NET application generates over 100 monthly reports that CFSA managers and QA staff use to monitor Agency performance on the IEP’s measurable exit

⁶⁰ The District negotiated the *LaShawn Implementation and Exit Plan (IEP)* in December 2010 as the result of the American Civil Liberties Union (later Children’s Rights, Inc.) filing the initial LaShawn A. v. Barry lawsuit in 1989. The lawsuit focused on the quality of the District’s services being provided to abused and neglected children in its care.

standards, as well as best practices and other programmatic, financial, well-being, and case management activities.

As noted previously, CISA created the Data Quality Committee in 2018. The committee's purpose is to drive and refine the Agency's mission and vision for data quality. The committee is responsible for identifying and establishing processes and strategies to prevent and resolve data quality issues. There are three main committee goals: 1) creating a lexicon of definitions across program areas to promote a shared language and understanding, 2) creating a uniformed and reliable approach for data collection and 3) facilitating staff efforts to enter complete and accurate FACES.NET data in a timely fashion and to limit the capturing of manual data.

The Data Quality Committee includes two sub-committees:

The Lexicon Sub-Committee: ensures that the terms CFSA uses day-to-day are unequivocally and unambiguously defined, disseminated and promoted across the Agency and to its partners.

The Strategy and Metrics Sub-Committee: identifies and prioritizes the data quality issues critical to the mission of CFSA.

Overall, the Data Quality Committee will create and deliver projects in collaboration with program areas and business units to address processes and technologies impacting data quality. The definition of metrics, data elements, and their relationship to each other are an integral part of the committee's work. Strategies and approaches for handling data conflicts, errors and omissions are overarching efforts aligned with Agency needs and the requirements of CFSA's CCWIS. It is the expectation of this committee, that feedback from surveys and focus groups regarding manual databases, user-friendly interfaces, etc. are addressed.

FY 2021 APSR Update

- ▶ **The Lexicon Sub-Committee:** The committee is chaired by a representative from CISA and the Office of Planning, Policy and Program Support. Participants include a manager or staff designee from each CFSA administration. Over the past year the committee has created an inventory of data points for all manual databases. CISA security contractors reviewed manual databases across the Agency to determine whether security controls have been deployed or implemented, whether risks have been mitigated and whether the residual risks to the system and overall risks to the Agency are of an acceptable level to maintain the privacy of CFSA clients. CISA security contractors have also met with the holders of the manual databases to determine which data elements are needed and can be migrated into CCWIS.

- ▶ **The Strategy and Metrics Sub-Committee:** This committee is chaired by a representative from OPPPS. Participants include a manager or staff designee from each CFSA administration. This year the committee discovered that there were discrepancies between the placement data in FACES.NET and the placement data maintained manually by program areas. Inaccurate and incomplete data has major implications for bed availability, placement eligibility, subsidy payments, program funding and more. Given the importance of accurate placement and provider data to the Agency’s practice, the Strategy & Metrics Subcommittee focused its data quality efforts on placement and provider data. The committee also reached out to other jurisdictions to determine best practices for identifying resource parent preferences. In addition, committee members participated in a placement lean process (as mentioned above) and developed a strategy for ensuring that placement data is entered as accurately and timely as possible.

FY 2022 APSR Update

Planned Activities

Since the pandemic the activities of the Lexicon Sub-Committee and the Strategy and Metrics Sub-Committees have been folded into the Agency’s ongoing continuous quality improvement to include Lean Events championed by CISA. As mentioned previously, these Lean Events assist units across the Agency to make processes more efficient for the end user, which includes improving methods of gathering and tracking data in a more uniformed manner across the Agency.

CFSA’s Data Quality Committee has modified the committee structure and identified processes to address and protect data quality. The committee will also be the decision-making body for resolving discrepancies or conflicting practices resulting in data quality issues. During June 2021, a reset of the Data Quality Committee occurred, including 1) a new draft charter, 2) new structure and 3) product owners.

CISA has also worked to ensure the new CCWIS system will meet the functionality and efficiency needed in order for the Agency to track real-time data alongside ongoing practice. For example, CISA continues to gather end-user stories as well as local and federal deliverables (e.g., reports and measures) to incorporate into the new CCWIS. CISA, as a part of Data Quality Committee, has begun training the product owners to contribute to the development of the new CCWIS system.⁶¹ This bidirectional work requires product owners

⁶¹ A product owner is a member of the Agile Team who has familiarity with the creation and execution of the data-gathering resources, in addition to the practice of their program areas and other programs with cross-functional impact.

to raise data quality concerns and for CISA to operationalize processes that avoid diminishing data quality and, by extension, to implement processes that optimize data quality. Training for product owners includes understanding Agile Project Development⁶² basics, including scrum flows, phases, process principles, roles, artifacts, and various activities involved in building out a product that meets the needs of a unit and the Agency's understanding of its data overall.

SYSTEMIC FACTOR 2: CASE REVIEW SYSTEM

The 2016 federal CFSR found CFSA not to be in substantial conformity with the Case Review System systemic factor. While the CFSR rated three of the five items in the systemic factor as “strengths,” the review determined two others as “areas needing improvement” (ANI). The two ANI items were Written Case Plans (Item 20), and Termination of Parental Rights (TPR, Item 23). The Agency is currently addressing these two areas through the CFSR-approved Program Improvement Plan (PIP). In the narrative that follows for each item of this systemic factor, CFSA highlights its performance strengths and challenges, using relevant and reliable data. The narrative further provides a brief description of current or planned activities targeted at improving performance or addressing significant areas of concern identified in the PIP.

Item 20: Written Case Plan

OVERVIEW

CFSA requirements for timely development and ongoing review and update of case plans are standardized across case types. Whether the case is an in-home case or a foster care case, the assigned social worker is required to develop the case plan within 30 days of the case opening.

- ▶ In-home cases open at or near the time of closure of the CPS investigation. At this time, the CPS investigative social worker makes a clinical determination (based on protocol) as to whether the family has a high or intensive safety concern, or risk of repeat maltreatment. If so, CFSA opens a formal case and assigns the family an ongoing in-home social worker from CFSA's Entry Services administration.
- ▶ Foster care cases open when CPS determines a child's safety is at imminent risk and subsequently removes the child from the home, according to a court order. CFSA places the child in a foster care home under the legal custody and responsibility of the Agency.

⁶² Agile Software Development is a set of methods and practices where solutions evolve through collaboration between self-organizing, cross-functional teams.

Thereafter, social workers are required to engage and partner with caregivers and age-appropriate children for purposes of a joint review of the case plan. As needed, the case planning team updates the case plan at least every six months for as long as the case remains open with the Agency.

- ▶ For an in-home case, a key element of the ongoing case plan review with the family is the Caregiver Strengths and Barriers Assessment (CSBA), which informs case plan development according to the CSBA findings. With parental or caregiver collaboration and input, social workers complete the CSBA within the first 30 days every 90 days thereafter) to identify and leverage the caregiver’s strengths and to address any functional challenges that may be impacting the successful outcomes of the goals identified in the case plan.
- ▶ For a foster care case, an integral practice tool for developing case plans is the CAFAS functional assessment tool and its companion version for younger children, the PECFAS. Both assessment tools measure areas of strength alongside areas where the child or youth struggles to function in a holistic or generally healthy manner. CAFAS and PECFAS findings provide the case management team with sufficient information to prioritize which strengths need protection and which challenges need to be addressed through service referrals outlined in the case plan.
- ▶ For all case plans, CFSA practice standards require that the social worker partner with the age-appropriate child and the family to develop a comprehensive case plan that accurately reflects the family’s goals for successful permanency outcomes. When completed, the social worker and child or parent signs the original hard copy case plan. The social worker ensures the family has the signed original case plan while filing copies in the client’s hard copy case record.

FY 2022 APSR Update

CFSA requirements for timely development and ongoing review of in-home and foster care cases remain unchanged. Case plans are required to be developed within 30 days of the case opening, and updates are made to the plan every six months as needed. In addition, partnering with the family and age-appropriate child continues to be CFSA’s practice to develop accurate case plans for successful outcomes.

DATA/PERFORMANCE

CFSA conducts ongoing monitoring of case plan performance via the FACES.NET management reporting system. The Agency also created specific management reports (CMT 164 and 163) for tracking the timeliness of case planning for in-home (“family cases”) and foster care cases. CMT 164 tracks in-home case planning in particular but includes foster cases where the child’s goal is

reunification. Even though the sample includes foster care cases, this measure is a reasonable proxy for measuring case planning performance for in-home cases. For foster care cases, CMT 163 depicts the timeliness of development and the review and update of case plans. Recent performance is depicted in the table below.

FY 2022 APSR Update

Month	% of Family Cases with Current Case Plan (CMT 164)	% of Foster Care Cases Developed within 30 days of Removal and Updated within 6 Months (CMT 163)
September 2020	84%	86%
October 2020	85%	84%
November 2020	86%	88%
December 2020	86%	90%
January 2021	81%	87%
February 2021	82%	89%
March 2021	82%	88%

CFSA continues to monitor the quality of case planning through the quality service review (QSR) process. Key practice performance indicators are separated into “child status” and “system performance.” Within system performance, CFSA rates the domain for “planning interventions.” For planning, the QSR measures the appropriateness and efficacy of goal planning between client and social worker. For CY 2020, QSR reviewers rated 91 percent (of 123 cases rated) of the cases reviewed as “acceptable” for planning interventions. This percent is an increase from last year’s reporting of 78 percent.

Quality service reviewers also focus on three teaming indicators (formation, functioning, and coordination) to determine levels of effective case practice, as outlined in the QSR Protocol tool. The “voice and choice” indicator reflects the level at which the child, parents or other caregivers actively participate in case planning and decision-making. Ratings for CY 2020 reflect positive child (97 percent of 66 applicable cases), mother (82 percent of 67 applicable cases), father (87 percent of 23 applicable cases), and caregiver (95 percent of 73 applicable cases) activity and involvement in case planning.

FY 2021 APSR Update

Month	% of Family Cases with Current Case Plan (CMT 164)	% of Foster Care Cases Developed within 30 days of Removal and Updated within 6 Months (CMT 163)
January 2020	84%	87%
February 2020	87%	88%
March 2020	90%	91%

The above measures are largely quantitative in nature, but CFSA also monitors the quality of case planning through the quality service review (QSR) process. Trained QSR case reviewers evaluate Agency practice along a number of key practice performance indicators, separated into “child status” and “system performance.” Within system performance, CFSA rates the domain for “planning interventions.” For planning, the QSR measures the appropriateness and efficacy of goal planning between client and social worker. The QSR also formulates an “acceptability” rating for these key practice indicators.⁶³ As of March 2019, QSR reviewers rated 78 percent of the cases reviewed as “acceptable” for planning interventions.

FY 2021 APSR Update

CFSA requirements for timely development and ongoing review of in-home and foster care cases remain unchanged. Case plans are required to be developed within 30 days of the case opening, and updates are made to the plan every six months as needed. In addition, partnering with the family and age-appropriate child continues to be CFSA’s practice to develop accurate case plans for successful outcomes.

In line with CFSA’s practice standards for case planning and teaming, quality service reviewers focus on the three teaming indicators (formation, functioning, and coordination) of the Quality Service Review Protocol tool to determine levels of effective case practice. The voice and choice indicators reflect the level of which the child, parents or other caregivers actively participate in case planning and decision-making. Ratings for calendar year (CY) 2019 reflect positive child (97 percent), mother (88 percent), father (84 percent), and caregiver (91 percent) activity and involvement in case planning.

⁶³ QSR ratings fall into the following categories: acceptable-maintain (5-6), acceptable-refine (4), unacceptable-refine (3), unacceptable-improve (1-2).

Per the QSR protocol, planning interventions under the practice performance indicators focus on six core concepts: (1) safety, (2) permanency, (3) well-being, (4) daily functioning and life role fulfillment, (5) transition and life adjustment, and (6) early learning and education.

- ▶ **Safety: Protection from exposures to harm in daily settings, endangerment to self and others.**
- ▶ **Permanency: Quality and durability of placement; enduring relationships, resolution of legal custody.**
- ▶ **Well-Being: Physical / mental health status, building positive relationships, reducing risky behaviors.**
- ▶ **Daily Functioning and Life Role Fulfillment: friendships and social activities (child), caregiving (parent).**
- ▶ **Transition and Life Adjustment: Successful adjustments in new settings and circumstances.**
- ▶ **Early Learning and Education: School readiness skills, physical motor development, academic success.**

For CY 2019, QSR reviewers rated 87 percent of the cases reviewed as “acceptable” for planning interventions. This percent is an increase from last year’s reporting of 78 percent. The CY 2019 QSR findings indicate that social workers and service providers overall are ensuring that children achieve meaningful, measurable, and achievable life outcomes. In addition, planning for families include well-reasoned, agreed-upon goals, and intervention strategies that logically relate to the planned goals and outcomes so that families are successful after exiting the system.

The ratings for each core concept listed above improved from CY 2018 reporting, including improvement of the safety indicator from 91 percent to 96 percent, permanency from 78 percent to 88 percent, well-being from 82 percent to 89 percent, daily functioning and life role fulfillment from 74 percent to 87 percent, transition and life adjustment from 69 percent to 84 percent, and early learning and education from 86 percent to 89 percent.

Implicit in ratings for planning of in-home cases is the engagement of birth families. Anecdotal feedback from a recent focus group of seven birth parents indicated that all seven birth parents felt a level of engagement with their social worker and other team members. Four participants acknowledged that they always felt engaged in the case planning process, including participation in court hearings. The remaining three participants revealed that they sometimes felt engaged in the case planning process. Although a small sample with positive responses, CFSA recognizes that family engagement must be an ongoing effort for all cases, whether in-home or foster care.

Strengths

Initial case plans are usually developed within 30 days, and semi-annual reviews and updates generally occur in a timely fashion. The major systemic strengths include case planning infrastructure, informed decision-making, and practice monitoring. Case planning practice is well-supported through FACES.NET, which contains a behavior-based, trauma-informed, and assessment-driven module that prompts social workers to engage families on their caseload in meaningful conversations around a few key priorities that will help the family along toward their goal. The CAFAS and PECFAS as well as the CSBA are prime drivers for case planning. Quarterly use of these assessments highlights urgent issues and challenges, allowing the case management team (including child and parent) to prioritize action steps for overcoming them.

Challenges

Family engagement and prioritization of goals during the case planning process still remains CFSA's case planning challenge, as evidenced by the 2016 CFR findings and recent qualitative analysis from the QSR, alongside a May 2019 stakeholder survey. Thematically, the qualitative data show that the parental voices in general do not necessarily inform case plan development. Findings specifically indicated a lack of consistent engagement with extended family, including initial and ongoing efforts to identify, locate, and engage relatives and parents. This gap is especially prevalent with respect to non-custodial parents, the majority of which are fathers, and even more acutely with incarcerated parents.

FY 2022 APSR Update

The Permanency Goal Review Meeting (PGRM) is a high-level, multi-disciplinary case review used to monitor a child and family's progress towards permanency, and to identify targeted interventions aimed at expediting this progress. The timeframes for holding PGRMs have continued to evolve to ensure more frequent attention to all cases at critical junctures. In the last year, the PGRM process has been expanded in the following ways:

- ▶ "Targeted PGRMs" now review all cases at specified intervals from 9 to 52 months in care.
- ▶ "100-Day PGRMs" now review all cases at 100 days from removal or 100 days in protective supervision.
- ▶ Private agency cases are now being regularly reviewed, led by the CFSA Deputy Director for Program Operations.

In addition, new data system capacity within the Permanency Tracker will launch in the spring of 2021. CFSA utilizes the tracker to improve empirically-based decision-making data-driven trends to monitor the Agency's work toward all three primary permanency goals. The new capacity will

allow tracking of PGRMs through the life of a case, including barriers and next steps, and the permanency tracker reporting system will aggregate that information across cases to inform Agency resource and practice decision-making.

FY 2021 APSR Update

CFSA's permanency-focused teaming process consists of regularly scheduled team meetings that occur during key intervals to ensure barriers are addressed and forward movement occurs to achieve permanency. The following meetings each have distinct purposes, decision points and participants:

- ▶ **Removal RED (Review, Evaluate, Direct) Team Meeting** – CFSA's Child Protective Services or Permanency staff conduct a RED Team meeting the day after a child is removed. The meeting includes investigators, social workers and any involved health care providers, legal professionals or Kinship Unit staff. Participants share information that will facilitate a smooth transition for the child, including a plan for sibling visitation and an outline with specific action steps that support reunification.
- ▶ **Removal Family Team Meeting (FTM)** – Held within 72-hours of a removal, the Removal FTM includes family members and any identified supports (e.g., friends and clergy), caregivers, resource parents, service providers, and the guardian ad litem. The meeting introduces the family to the Agency, clarifies the reasons for the child's removal, and develops a plan for securing resources and interventions to support the family.
- ▶ **Permanency FTM** – The Permanency FTM is a discretionary meeting that is only held if the social worker determines that planning with families and team members is not sufficiently progressing toward the permanency goal. In such cases, the social worker reaches out to an FTM facilitator to conduct a structured meeting of necessary team members. In addition to birth families and social workers, the Permanency FTM can include relatives, resource parents, attorneys, advocates, and subject matter experts. Meeting topics can include assessment reviews, case plan objectives, and the identification of useful resources. In previous years, the Permanency FTM occurred 180 days after a child's removal and was a fixed part of the teaming protocol.
- ▶ **Permanency Goal Review Meeting (PGRM)** – The PGRM is held on all permanency cases to review the progress for achieving the identified permanency goal. The meetings are minimally held on all cases as they approach or exceed their federally recommended permanency timeline: at 9 and 15 months for reunification cases; at 15 and 21 months for Guardianship cases; and at 21 and 27 months for adoption cases. PGRMs outside of these timeframes are scheduled as needed. The PGRM team includes the permanency social worker, supervisor, program manager, program

administrator, assistant attorney general, Kinship Unit program manager, and Quality Service Review program manager. Depending on the specific case needs, the resource parent support worker, supervisor, adoption recruitment supervisor, subsidy supervisor, and Diligent Search Unit supervisor are brought in to participate in the meeting. The PGRM team reviews the child's removal and placement history, a summary of birth parent contact, an explanation of what prevents the case from moving toward its permanency goal and strategy development to address barriers. While the PGRM is an internal meeting, the team identifies strategies to keep the birth family involved in the planning process.

PLANNED ACTIVITIES

Within the framework of the CFSR PIP, CFSA is addressing the issue of family engagement through the following two principal strategies:

- ▶ Re-tooling the Family Team Meeting (FTM) to maximize a family's voice in the case planning process.
- ▶ Implementing a "Levels of Care" case management framework for in-home cases in order to promote engagement and family buy-in with respect to case planning.

Re-tooling the FTM

The FTM is the key process for family engagement, based on families driving the meeting for optimal "buy-in" and increased positive outcomes. However, at the time of the 2016 CFSR, CFSA's FTM process still used the Consultation and Information Sharing Framework as the facilitation tool that had an unintentional consequence of deterring family engagement. As a result, CFSA incorporated the FTM process in the development of its PIP and elected to re-tool the FTM through a two-pronged approach: 1) improve the quality of family involvement during the meeting, and 2) increase the frequency of FTM occurrences throughout the "life of a case" to maximize family input at crucial decision points. To implement these changes, the FTM managers informally received feedback from staff, family members, and stakeholders. The following key changes resulted:

- ▶ Reclaimed the family-driven agenda versus using the Consultation and Information Sharing Framework.
- ▶ Adding FTMs during critical case planning decision points (e.g., goal change or risk of removal).
- ▶ Promoted engagement of and collaboration with parents, including the ongoing identification of family members as placement resources and to provide the family with support and a continued connection. In addition, the FTM managers planned for the enhancement of family participation and contribution to the creation of the plan

with the family. Presently, the FTM facilitator and the family review the agenda focus prior to the meeting. When suggested by families, the facilitator will add agenda items, thereby encouraging team participation while laying the preparation groundwork for the meeting. The goal of this process is for the family to feel instrumental in the meeting which increases a family's sense of ownership for the decisions being made.

- ▶ Enhanced exploration of placement and permanency options, thereby increasing timely permanency and case closure.
- ▶ Required an FTM for all cases when the team is considering a goal change.
- ▶ Required an FTM prior to reunification, guardianship, and case closure in order to solidify a sustainable plan for permanency and to identify informal and formal supports.

A family's involvement in the FTM process also includes decisions made in relationship to identification and delivery of supports and resources in order to increase the likelihood of improving permanency outcomes. Additionally, the increased FTM integration points ensure the ongoing identification and engagement of relatives and flexibility to accommodate family schedules. When approved by families, FTM facilitators also invite parent advocates and attorneys to participate.

The new FTM process meets the overall objectives of the original FTM intent: teaming with the family, having the family together to discuss the direction of the case, and having the family together to assess decision points on placement, school, and support for navigating the court system. The FTM further allows for CFSR to know who the support systems in the family are and to engage them.

FY 2021 APSR Update

As a part of DC CFSR PIP, an evaluation of FTMs was conducted. In late 2019, an FTM customer service survey was developed by the Office of Planning, Policy, and Program Support and the FTM unit and distributed among FTM participants from December 2019 to March 2020. Surveys were administered at the conclusion of the FTM utilizing an online platform. Questions focused on family engagement and collaboration. There were 31 surveys completed with the respondents being nine social workers, two CFSR staff, six attorneys, five mothers, one father, three grandparents, and five professionals/community service providers. One hundred percent of participants felt that the FTM facilitator/coordinator clearly explained the purpose of the meeting. Ninety-three percent felt that they had a chance to express their concerns during the meeting, and 97 percent felt included in developing solutions. When asked who had the most

say in the planning and service discussion of the FTM plan, 68 percent felt that all participants had a say, 23 percent felt that family members had the most say, 6 percent felt that service providers had the most say, and 3 percent felt that CFSA had the most say. These survey results overall indicate that FTM participants have benefitted from CFSA PIP strategy to change the format back to a family-focused format from using the Information and Consultation Framework.

Levels of Care for Families Receiving In-Home Services

CFSR findings reported that frequent visits between caseworkers and parents did not translate to sufficient quality to address the family's case goals, service needs, visitation, service provision, and safety. In some cases, despite sufficient frequency of visitation, the social worker was not able to establish a strong enough relationship with the parent in order for that parent to feel comfortable enough discussing specific issues. Some parents indicated that they did not know what was going on in their own cases.

In 2017, the CFSA deputy director for the Community Partnerships Administration⁶⁴ led a system assessment of in-home cases to identify practice gaps and to address the trust and lack of engagement issues noted above. The result of the analysis was to develop a "Level of Care" (LOC) protocol to differentiate between the frequency and the intensity of case management activities, according to the family's level of risk regarding child safety and repeat maltreatment. To a great extent, the CSBA (cited above) helps to inform the family's identified LOC. For example, high frequency visits occur for families with high CSBA scores; similarly, less frequent visits occur for families with lower CSBA scores. These variable visitation standards will provide social workers with appropriate opportunities for assessment, as well as providing more involved information for reviewing and updating the family's case plans.

FY 2022 APSR Update

In February 2021, the "level of service" for in-home cases replaced the previously used "level of care." With this change, in-home established that a family's risk level will be the primary determination of the level of services they receive, including contact guidelines with families and collaterals. By aligning the level of service with the risk re-assessment tool, the Agency has created a level of service system based on a best practice methodology, whereby services are aligned in consideration with each families' unique needs.

⁶⁴ CFSA's former Community Partnerships administration served families receiving in-home services. Within the last year, CFSA has streamlined in-home services by merging the administration with the Office of Entry Services. Families continue to receive quality in-home services under the new Ongoing CPS Services (In-Home).

CPS opens and transfers cases to the In-Home Administration when there has been a substantiation and the family has a high or intensive risk level. As noted, the risk level determines the level of services provided by In-Home in the first 30 days. At 30 days, the In-Home social worker completes a risk reassessment to determine the level of services the family needs. Supervisors review risk levels with social workers every 90 days in conjunction with updated service plans and functional assessments. Risk reassessments should also be completed when circumstances change (e.g., a safety plan is necessary, or there is a new report of abuse of abuse or neglect).

The in-home level of service is based on the risk reassessment score using supervisory overrides, when clinically appropriate. There will be occasions where a family’s risk level does not accurately reflect their needs as described below. In those circumstances, a supervisory override should be considered. However, if a family situation includes any of the criteria outlined for an intensive risk level, they must receive the same contact and services outlined for an intensive level case.

Additionally, for cases with an intensive risk level or that meet the criteria of an intensive case, the social work team is expected to have twice a month contact with service providers and/or collaterals. This can be in the form of teaming meetings, family meetings, emails, or telephone calls. (contacts must be documented in FACES).

CONTACT GUIDELINES BASED ON SDM RISK LEVELS		
SDM Risk Level	Description/Criteria	Contact Guidelines and Protocol
INTENSIVE	<ol style="list-style-type: none"> Caregiver actions or family circumstances contribute to imminent danger of serious physical or emotional harm to the child or inability to meet child’s basic needs. This may include but is not limited to: <ul style="list-style-type: none"> Caregiver displays chronic or severe mental health challenges or symptoms that impair their ability to meet child’s basic needs and/or ensure safety. Caregiver’s use of alcohol or drugs results in behaviors that seriously and consistently impede their ability to meet the child’s basic needs and/or ensure safety. Intimate partner relationships that have resulted in children experiencing substantial harm due to witnessing the violence and/or being injured. 	<p>No less than weekly face to face visits with families, which can be by a CFSA Social Worker, Supervisor or CFSA Family Support Worker, with at least two face to face visits/month in the family’s home by the social worker or supervisor. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety.</p> <p>Families with an active safety plan may have more visits as needed.</p> <p>Teaming meeting (formal or informal) held within 60 days of the completion of the initial case plan, and subsequently as needed.</p>

CONTACT GUIDELINES BASED ON SDM RISK LEVELS

SDM Risk Level	Description/Criteria	Contact Guidelines and Protocol
	<ul style="list-style-type: none"> • Caregiver disciplines with physical or verbal violence, resulting in serious physical or emotional harm to the child. <ol style="list-style-type: none"> 2. Family has an active safety plan in place. 3. Family is being community papered or has recently become court involved; in consultation with the supervisor, these families may be stepped down as they stabilize or move towards closure. 4. Concerns around the care of medically fragile or developmentally disabled child/youth. 5. Youth frequent runaways/concerns around sex trafficking. 	<p>At least two contacts with service providers and collateral contacts during the month.</p> <p>If a case continues to have an intensive risk level at the first 90-day re-assessment, a consult should be held to determine if additional actions, e.g. community papering, a Multi-Administration Clinical Staffing (MACS), should be considered.</p>
High	<ol style="list-style-type: none"> 1. Caregiver actions or family circumstances are barriers to the child’s long-term safety, permanency or well-being. This may include but is not limited to: <ul style="list-style-type: none"> • Caregiver displays symptoms such as depression or apathy resulting in occasional difficulty dealing with situational stress or crises. • Caregiver’s substance use impairs the ability to parent in some ways and occasionally results in behaviors that make it difficult to meet child’s basic needs consistently. 2. Family has multiple risk or complicating factors (e.g. homelessness, lack of support, ongoing difficulty meeting the basic needs of children, limited life skills, etc.) that require a high level of attention and monitoring to ensure that the children’s needs are being met, but for whom there is no imminent risk or danger. 3. Multiple reports for the same issues. 	<p>At least twice a month face to face visits in the home by the social worker or supervisor. FSW may be utilized for additional visits as needed. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety.</p> <p>At least one contact with service providers and collateral contacts during the month.</p>
Moderate	<ol style="list-style-type: none"> 1. Family has demonstrated increased protective capacities which have actively helped to create child safety, permanency and/or well-being. 2. Family has demonstrated a change in behavior or circumstances from initial complaint and children’s basic needs are being met in the community without child welfare involvement. 	<p>No less than twice a month face to face visits for each family, with at least one visit being conducted by the social worker or supervisor in the home. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety.</p>

CONTACT GUIDELINES BASED ON SDM RISK LEVELS		
SDM Risk Level	Description/Criteria	Contact Guidelines and Protocol
	<p>3. There is no imminent risk or danger to children. Families' needs can be met in the community without child welfare involvement OR the case is in the maintenance phase (awaiting a service, court order, utility bill pay, etc.).</p>	<p>At least one contact with service providers and collateral contacts during the month.</p> <p>At closure, family celebration will be held to recognize progress and develop a sustainability plan.</p>
Low	<p>1. Family has demonstrated increased protective capacities which have actively helped to create child safety, permanency and/or well-being.</p> <p>2. Family has demonstrated a change in behavior or circumstances from initial complaint and children's basic needs are being met in the community without child welfare involvement.</p> <p>3. There is no imminent risk or danger to children. Families' needs can be met in the community without child welfare involvement.</p>	<p>No less than twice a month face to face visits for the family, with at least one visit being conducted by the social worker in the home. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety.</p> <p>At least one contact with service providers and collateral contacts during the month.</p> <p>At closure, family celebration will be held to recognize progress and develop a sustainability plan</p>

FY 2021 APSR Update

Supervisors and social workers from the In-Home Administration continue to use the Level of Care (LOC) protocol, including 90-day reviews (at a minimum) to monitor for ongoing appropriateness of the current LOC. These reviews serve to determine ongoing frequency and intensity of in-home case management activities and case closure timeframes.

As a part of DC CFSR PIP, CFSA's Performance Accountability and Quality Improvement Administration (PAQIA) completed an evaluation of the LOC model, which examined the completion of teaming meetings for cases initially labeled as intensive, fidelity to visitation requirements for the three levels of care, and time to case closure. The time frame examined was January 2018 through September 2019, during which there was a total of 1,355 families with an assigned level of care. The evaluation found that, overall, there is mixed fidelity to the model. To determine compliance with the teaming meeting requirement, a sample of 101 families was reviewed during a qualitative review (206 families of the 1,355 total families initially had an intensive level of care). Sixty percent of the families with an intensive risk LOC have completed the LOC teaming meetings within 60 days of the initial case plan, per the guideline. In an additional 15% of cases the teaming meetings occurred prior to the development of the case plan and 4% of cases had the teaming meeting completed shortly after the 60-day deadline

(with a range of 62-71 days). The remaining 22% of cases did not have an initial teaming meeting. For the visitation requirements, the analysis was completed on all 1,355 families served between January 2018-September 2019. The evaluation also found poor fidelity to the visitation requirements for families with an intensive LOC (range of compliance from 0% in December 2018 to a high of 45% in March 2018) , better fidelity to visitation requirements for families with an intermediate LOC (range of compliance from 74% in May and August 2019 to a high of 96% in March 2018), and strong fidelity to visitation requirements for families at the graduation LOC (range of compliance from 90% in multiple months and a high of 100% in August 2019). Note: the visitation requirements for cases with an intermediate and graduation LOC mirror pre-existing expectations for in-home visitation and are therefore built into the Agency's tracking tools.

Most families (76 percent) with an initial intensive LOC successfully closed within 10 months. Sixty percent of families with an intermediate LOC successfully closed within 7 months. While two-thirds of families achieve case closure within 2 months of being assigned the goal of graduation, 7 percent do not close until 7 months or more after being assigned a goal of graduation. The Agency is subsequently planning to examine barriers for these families to achieve case closure earlier. There may be implications for how social workers and clinical supervisors determine when a family is ready to be assigned a graduation level of care.

Evaluation recommendations for LOC determinations included technological updates to the current monthly manual data collection of LOC assignments. The initial LOC is supposed to be determined by the time of the initial case plan. The qualitative review revealed that a portion of the families with reported initial LOC's of intensive had their LOC decreased to intermediate by the time of the initial case plan, and therefore the visitation and teaming meeting requirements were no longer accurate. Entering LOC data into the present SACWIS system would enable the LOC assignment date to have a precise time stamp. Electronic data could also help social workers and leadership utilize dashboards to be able to monitor compliance with LOC model requirements (e.g., whether families with an intensive LOC are receiving the recommended weekly face-to-face visitation). Of the 913 families who had achieved case closure during January 2018-December 2019 only 51% of these cases ever had a level of care of graduation reported and were able to be included for analysis. PAQIA recommends that the Agency hold further discussion about the possibility of inputting the date of each LOC into the current SACWIS system, instead of waiting for the development of the CCWIS system.

ITEM 21: PERIODIC REVIEWS AND ITEM 22: PERMANENCY HEARINGS

Overview

The District's periodic review of permanency goals (Item 21: Periodic Reviews) and the permanency hearing processes (Item 22: Permanency Hearings) are seamlessly integrated into the functions of the DC Family Court. CFSA does not administer an independent periodic review (such as an Administrative Review) because Family Court hearings for foster care cases occur so frequently. Commencing at removal and within the first year of a child's placement, a series of initial, dispositional, and review of dispositional hearings take place. Beginning at the one-year mark of a foster care case and beyond, permanency hearings occur no less frequently than every six months, and they continue through to the closure of the case. Through a collaborative effort between CFSA and the Family Court (with the heavy involvement of the Court Improvement Project), the vast majority of foster care cases are reviewed within federally required time frames. Because of this seamless integration of the periodic review and permanency hearing processes, these two items have been combined into a single narrative.

Strengths

Based on the Statewide Assessment and stakeholder interviews, the 2016 CFSR found that periodic reviews and permanency hearings were both items of Strength for the District's child welfare system. All of the hearings within the DC case review process, regardless of the type, generally cover the same requirements and include those federal requirements for periodic reviews. The CFSR confirmed that the District ensures that a periodic review for each child occurs no less frequently than once every six months. Often, more than one periodic review is held between the dispositional hearing and the child's first permanency hearing. Thereafter, permanency hearings are consistently held as required. CFSA continues to work closely with the Court Improvement Project (CIP)⁶⁵ to maximize efficiencies in child welfare court proceedings. There are no PIP activities associated with these items.

FY 2022 APSR Update

Due to the COVID-19 pandemic, as of this report, the Family Court remains open in a remote status for the filing of pleadings, motions, and new cases. Electronic filing also continues. Judges are authorized to hold all hearings remotely, including the following types of hearings for abuse and neglect-related matters:

- ▶ Initial neglect hearings
- ▶ Emergency hearings
- ▶ Disposition hearings
- ▶ Stipulation Hearings

⁶⁵ The Court Improvement Program participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes.

- ▶ Trials of any type, including *Ta. L.*, adoptions, termination of parental rights, and guardianship trials
- ▶ Family Treatment Court hearings
- ▶ Permanency hearings, review of disposition hearings, and pretrial hearings shall be scheduled
- ▶ Other hearings

FY 2021 APSR Update

Due to the COVID-19 pandemic, beginning March 16, 2020, the Family Court began to conduct “remote” neglect hearings and emergency removals. All other hearings were being held “on the papers,” meaning that there will be no oral arguments presented. The judge will decide based on the case file as long as the parties and counsel agreed to waive the remote proceeding. Parties could request the judge hear the case remotely if the matter presented extenuating or emergency circumstances. Trial dates were postponed because there were not enough courtrooms to accommodate remote proceedings.

As of May 18, 2020, all judges continue to conduct court hearings remotely. Additionally, all court hearings are on the record and utilize WebEx. As the Court House has been able to add more courtrooms into remote use, the Family Court has expanded the types of hearings that can be heard remotely, including the following type of hearings:

Abuse and Neglect

- ▶ Neglect initial hearings
- ▶ Emergency hearings
- ▶ Disposition hearings
- ▶ Any hearings where the parties all consent to the outcome
- ▶ Pretrial and status hearings, where necessary
- ▶ Stipulated trials and one-day trials of any type, including *Ta.L.*⁶⁶ hearings lasting one day or less (this includes stipulation hearings)

Review of disposition hearings, permanency hearings and anything not mentioned above are held on the papers with the parties’ consent.

⁶⁶ The *Ta.L.* decision provides parents facing a goal change in abuse and neglect proceedings with the right to request an evidentiary trial in which the District must prove, by a preponderance of the evidence, that it has provided the parents with a reasonable plan for achieving reunification; that it extended reasonable efforts to help the parents ameliorate the conditions that led to the child being adjudicated neglected; and that the parents have failed to make adequate progress towards satisfying the requirements of that plan.

ITEM 23: TERMINATION OF PARENTAL RIGHTS

Overview

CFSA acknowledged in the 2015 Statewide Assessment prior to the CFSR that the District's child welfare system is not in compliance with standards set forth by the federal Adoption and Safe Families Amendment Act of 1997 (ASFA) for the termination of parental rights (TPR). The District does not routinely file TPR motions when a child has been in care for 15 of the most recent 22 months.⁶⁷ Alternatively, CFSA files a petition for a TPR within 45 days of the child's permanency goal becoming adoption, unless the parent has consented to the adoption, the parent has relinquished his or her rights, or the prospective adoptive parent has filed an adoption petition. In lieu of termination proceedings, the Family Court opts to go forward with an adoption hearing, at which point most TPR motions are disposed of by way of a dismissal or withdrawal of the motion after the adoption has been finalized.

PLANNED ACTIVITIES AND PIP ALIGNMENT

A key activity of the Agency's PIP is to improve the timeliness of permanency through ensuring that a motion for TPR is filed by the Office of the Attorney General (in consultation with the CFSA social worker) within 15 of the first 22 months that a child spends in foster care, or that compelling reasons are documented in the court order and case record. CFSA and the Office of the Attorney General are collaborating on internal communication protocols to alert key stakeholders of ASFA deadlines, to prompt timely filing of petitions, and to document decisions. Clinically, the Agency is to leverage an integrated schedule of permanency goal review hearings at the Family Court within the first six months of a child's stay in foster care such that when the child hits the 15-month mark in care, important conversations with key stakeholders have occurred, key decisions around permanency have been made, and child-specific recruitment of a permanent caregiver is underway. As has been outlined in great detail in the PIP itself, the entirety of the TPR activities is to be monitored through an integrated (between CFSA and the Family Court) continuous quality improvement (CQI) process.

Under District of Columbia law, parental rights may be terminated through a motion filed by either the Office of the Attorney General or the guardian ad litem, or the TPR will occur during an adoption proceeding. Pursuant to DC Code §16-2330, when there is a TPR and an adoption petition filed on the same case, the Family Court and the Agency both seek the TPR within the

⁶⁷ ASFA guidelines also require documentation of appropriate compelling reasons for not filing a TPR.

adoption hearing.⁶⁸ This statutory provision renders the TPR immediately appealable and the judge may not apply the findings in that case until the Associate Judge's Review and the Court of Appeals disposed all of the appeals. Appeals generally take two years to complete. Consequently, the trial on the parents' rights will have to occur again in the adoption even though the District may have been initially successful to TPR during the first hearing. Despite this statutory provision, the practice going forward will ensure that the TPR and adoption will be litigated simultaneously.

In addition to the above, findings from a focus group of judges from the Family Court indicated several other challenges: 1) teaming among the Agency and parents' attorneys, 2) delays in judges issuing findings, 3) the impact of the Ta.L. decision⁶⁹ on permanency decisions, and 4) challenges with the Court of Appeals in delaying timeframes. To address these permanency barriers, CFSA has integrated into practice a Permanency Focused Teaming⁷⁰ process as of September 2018. This process consists of regularly scheduled team meetings that occur within 180 days of a child's entry into foster care with the intent of addressing barriers to permanency, reaching consensus on how best to resolve them, and developing thoughtful and well-reasoned recommendations to the court.

FY 2022 APSR Update

In March 2021, the Court Improvement Program's (CIP) advisory committee conducted an interim meeting to discuss the supplemental federal funding for the ongoing public health emergency. Based on federal guidance on permissible uses of the funds, committee members offered several ideas, mainly geared toward increasing the capacity of parents and youth to attend virtual and hybrid hearings. Examples include the installation of computers at common and accessible touchpoints throughout the community, and the installation of electronic equipment in and adjacent to courtrooms. The committee will explore these options throughout 2021.

⁶⁸ DC Statute 16-2362(b) states: Notwithstanding the provisions of 16-2330, all orders terminating the parent and child relationship entered pursuant to this subchapter shall not be final and effective until the time for noting an appeal has expired and, if a notice of appeal has been entered, the order shall not become effective until the date of the final disposition of the appeal.

⁶⁹ This appellate decision requires that a change in the permanency goal of a neglect case from reunification to adoption is subject to immediate appellate review. Furthermore, before a court can terminate parental rights, it must first make a finding that the parents are unfit, unless truly exceptional circumstances exist or the parents have otherwise stipulated to their continued unfitness. Further, the case decision requires that parents be provided with an evidentiary hearing to examine whether the Agency made appropriate efforts to achieve the reunification plan and that the parent was aware of the plan requirements.

⁷⁰ Permanency Focused Teaming Administrative Issuance

Also, during the March 2021 meeting, the committee discussed results from twenty-three recent CIP surveys completed by attorneys from the Council of Child Abuse and Neglect (CCAN) bar between April 5 to 20, 2021. The survey was designed to assess potential projects to improve the quality of legal representation during neglect hearings. The most commonly supported practice involved a multidisciplinary approach to the parent's legal team. Specifically, an independent social worker would be assigned to work with the parent and the parent's attorney. There was also support for additional training in trial practice and substantive legal issues.

FY 2021 APSR Update

Through the Court Improvement Program (CIP) CFSA participates in data-sharing activities with the Court and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes. In 2018, CFSA program staff, OAG child protection attorneys, and DC Family Court advisors formed the CIP Data Subcommittee to further understand the nature, frequency, and extent of barriers to timely permanency for children and youth in the District's foster care system.

The Data Subcommittee conducted a case review of a randomized sample of 30 children and youth for whom a neglect case was filed with the Court between January 1, 2017 and June 30, 2018, and for whom the case remained open between January 1, 2019 and November 30, 2019. The period under review (PUR) includes the time from the child or youth's most recent removal from the home until November 30, 2019. Sample cases were stratified by judges and permanency goals: adoption, guardianship, and reunification.⁷¹

For each case, the subcommittee's CFSA and OAG reviewers responded to electronic survey questions in the following areas:

- ▶ Child's demographics
- ▶ Birth family circumstances
- ▶ Removal timelines
- ▶ Permanency goal setting and achievement timelines
- ▶ Foster care placements
- ▶ Case management factors

⁷¹ Cases may have held more than one permanency goal during the data gathering window, but when randomized, cases were only identified by one of the goals held. The PUR for each case began at point of removal for the most recent foster care episode.

- ▶ Systemic (societal/environmental) factors⁷²

For each case, the subcommittee's Family Court reviewers responded to electronic survey questions in the following areas:

- ▶ Court proceedings related to commitment of children to foster care
- ▶ Initial goal orders and achievement timeframes
- ▶ Goal changes and extensions of goal achievement deadlines
- ▶ Judicial assignments and attorney withdrawal/appointments
- ▶ Trial/hearing timeframes (i.e., permanency, adoption, Termination of Parental Rights)

Termination of Parental Rights (TPR)

In the 2018 CIP and CFSA case review, TPR delays were discussed on cases where children had either the goal of reunification or adoption. TPRs were filed in eight reunification cases; three were granted, one was dismissed, two were withdrawn, one was pending withdrawal and one had no resolution as of the conclusion of the review. There was a two-month average from the adoption goal change to the TPR file date. The range was one month to seven months and the median was one month. Twelve months was the average time from TPR file date to TPR resolution. The range was five months to 21 months. Notwithstanding that every case has unique circumstances, we can still derive based on these observations and the more recent case review findings that the TPR filing to resolution time frame is improving.

In the 2019 review, a termination of parental rights was required in 16 of the reviewed cases.⁷³ A TPR motion was filed in 13 of the 16 cases. No appeals were taken from any of the TPRs granted.

During this review period, four of the TPR cases went to trial. Three out of the four trials were concluded in one day. One trial was concluded four months after its commencement. The time from the filing of the TPR motions to conclusion of the trial ranges from 4.5 to 8.5 months, with an average of 6.9 months.

Based upon the data collected in the review, no conclusion could be drawn regarding the status of TPRs that did not reach trial. However, in the cases that did reach trial, it appears that the Court resolved these cases in a timely manner. Reasons for these improvements (e.g., CFSA or

⁷² The sample was not stratified according to initial case type; however, reviewers did examine this factor. Results showed that 15 cases were initially opened as in-home and 15 cases were initially opened as foster care. The data attributed to initial case type was unremarkable and thus not reported.

⁷³ A TPR motion is required in cases where the permanency goal is changed to adoption.

Court procedures, family engagement, etc.) will be explored with the CIP committee in the next review.

Ta.L Hearings

Of the 30 cases reviewed, 16 were eligible for a Ta.L hearing. As of the end of the PUR, a Ta.L evidentiary hearing occurred in nine of the cases. In five of the nine cases, the hearing was completed on the day it started. In two cases, the hearing was completed on the second day. In one case, the hearing was completed after 14 days, and in one case it was completed after 49 days. In two cases, the parent appealed the Ta.L ruling.

In the 2018 CIP and CFSA case review of 60 cases (twenty cases across the goals of reunification, guardianship and adoption), the most commonly observed delays across all reviewed cases were goal extensions, late goal changes, court personnel changes, placement issues, and Ta.L delays. Ta.L delays were found in 30 to 35 percent of cases (6 to 7) within each permanency goal. The data collected in the 2019 review shows that the Court has drastically improved its Ta.L hearing process in that most cases are being resolved quickly. These data do not reflect the impact of Ta.L proceedings on the first permanency hearing.

ITEM 24: NOTICE OF HEARINGS AND REVIEWS TO CAREGIVERS

Overview

The District of Columbia received an overall rating of Strength for Item 24 following the 2016 CFSR. The CFSR confirmed that CFSA has a functioning process in place to ensure that foster parents, pre-adoptive parents, and relative caregivers receive notification of, and have a right to be heard in, any review or hearing with respect to the child.

District-Level Guidance for Hearing Notifications

In statute, DC Code §16-2304 allows resource parents to become parties in a foster care case, although requirements for doing so vary depending on the length of time the resource parent has been caring for the child in question. If it has been 12 months or more, the resource parent may become party to the proceedings simply through a formal request or notification to the court. If it has been less than 12 months, upon the resource parent's request, the judge may grant the resource parent to be a party to the proceedings or refuse the request, based on the judge's discretion. Additionally, if the resource parent is financially unable to obtain adequate representation, counsel shall be appointed.

DC Code §16-2357 dictates that notification be given to all parties involved in a case once the assigned attorney files a TPR motion. The same provision requires the presiding judge to direct issuance of a summons and a copy of the motion to the affected parent, or other appropriate persons, either directly or constructively (e.g., notification through a newspaper). As general practice, TPR proceedings do not advance unless proper notice has been issued.

In general, Family Court rules guide notifications to all parties to the case. Rule 10 of the DC Superior Court Rules for Neglect and Abuse Proceedings, for example, mandates that the current foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys be provided notice of, and an opportunity to be heard in, neglect or termination proceedings. The rule applies to any neglect or termination proceeding irrespective of how long the child has been in care, or how long the resource parent or relative caregiver has cared for the child. Further, District of Columbia Superior Court Administrative Order 07-22 requires that CFSA provide written notice of post-disposition hearings to foster, pre-adoptive parents, and relative caregivers. The judicial offer must confirm written notice, whereupon the courtroom clerk makes an entry on the docket confirming that the written notice is consistent with the above-mentioned order.

PERFORMANCE

Formal responsibility of notification of hearings falls to the Family Court, but CFSA has provided notice to foster, pre-adoptive, and kinship caregivers of hearings and reviews since March 2004. This process begins 45 before a hearing when FACES.NET generates notification letters for the foster caregiver associated with each case, protecting the caregiver's rights regarding notice of hearings and reviews. CFSA staff manually prepares and mails all resource parent notification letters. Each letter includes the name of the child and the type, date, and time of hearing scheduled, along with the name and contact information for the assigned social worker and supervisor (should the resource parent have any questions).

To further ensure that caregivers are properly notified and in order to answer any questions, an additional letter from the CFSA deputy director for Program Operations accompanies each notification letter. This second letter provides further instruction to the resource parent to contact the DC Superior Court Clerk one day prior to the court hearing for information on room assignment, cancellations, or rescheduling.

In rare instances when letters are returned as undeliverable, the point of contact immediately notifies the Agency's liaison to ensure that the addresses are corrected. When necessary, staff will conduct an internet search to confirm addresses match zip codes, and District quadrant.

Monitoring of compliance with ASFA Notice and Opportunity to Be Heard requirements occurs at the judicial hearings and proceedings themselves, where disposition orders, review of disposition orders, and permanency orders all contain sections soliciting judicial recognition of whether the resource parent or relative caregiver received written notice of the hearing.

Within a recent survey of 99 Agency staff, contracted providers, community-based organization employees, court partners, and other system stakeholders, CFSA asked a question as to whether respondents thought that CFSA (and partner agencies) notified youth, birth parents, and resource parents about court hearings. Respondents felt that they did so usually (80 percent of the time) to always (100 percent of the time).

FY 2022 APSR Update

Within a recent survey of 168 child welfare professionals, including CFSA social workers, contracted providers, community-based organization employees, court partners, and other system stakeholders, CFSA asked a question as to whether respondents thought that CFSA (and partner agencies) notified youth, birth parents, and resource parents about court hearings. Respondents (n=91) felt that they did so “usually” (80 percent of the time) to “always” (100 percent of the time) which is similar to last year’s finding. Youth and resource parents responded being informed about court hearings “often” (60 percent of the time) to “usually” (80 percent of the time). Some resource parents commented that they are only notified if they reach out to the social worker and are persistent about attending hearings. Notification normally comes from the Agency, so there are times when the social worker will not notify the parties but rather depend on the letter generated by FACES.NET and sent to the case participants. Birth parents seemed to be informed more than youth and resource parents. However, parents agreed that most communication or updates with a social worker occurs right before a hearing. In regard to court notifications, parents expressed the need for ongoing reminders versus depending on them receiving paper notifications.

FY 2021 APSR Update

Within a recent survey of 274 child welfare professionals, including CFSA social workers, contracted providers, community-based organization employees, court partners, and other system stakeholders, CFSA asked a question as to whether respondents thought that CFSA (and partner agencies) notified youth, birth parents, and resource parents about court hearings. Respondents (n=143) felt that they did so “usually” (80 percent of the time) to “always” (100 percent of the time). Comments indicated that children are typically not notified of hearings unless they are of a certain age (i.e., as a teenager) and they are given the option of attending the hearing. Additional comments indicated that locating the non-custodial parent can be

difficult, and staff do not promote resource parent attendance at court hearings as often as the Agency should. The client and resource parent surveys also reinforced these sentiments.

Challenge

The key challenge within the notification system is the automation. Despite the fact that the letters are generated electronically, they still need to be printed out manually and placed in envelopes and mailed through CFSA's Facilities Maintenance Administration. This manual process is one that the Agency is reviewing for possible automation as CFSA migrates toward implementation of the CCWIS.

SYSTEMIC FACTOR 3: QUALITY ASSURANCE SYSTEM

Overview

Foundational Administrative Structure

In late FY 2017, CFSA's Office of Agency Performance, Quality Assurance (QA) and Quality Improvement merged to become the Performance Accountability and Quality Improvement Administration (PAQIA) under the direction of the Office of Planning, Policy, and Program Support (OPPPS). This move centralized all evaluation and continuous quality improvement (CQI) activities and responsibilities under one administration, allowing for more effective collection, analysis, and reporting of data and findings from the Agency's QA and CQI processes. PAQIA leadership shares all report results with staff from the impacted administrations. During debriefing sessions, staff identifies strategies for areas in need of improvement.

PAQIA's primary mission is to create a continuous learning environment for consistent use of data that helps to improve Agency processes, procedures, and functions. PAQIA achieves this mission through several functions, all of which provide valuable qualitative and quantitative analysis to evaluate the quality of services, to identify strengths and needs of the service delivery system, and to provide reports that include information about program and performance measure improvement. The following functions are conducted by PAQIA:

- ▶ Completing qualitative and quantitative case reviews⁷⁴

⁷⁴ These include 125 quality service reviews, an average of 20 child fatality reviews of children from ages birth-to-20, other reviews required under the Agency's *Implementation and Exit Plan* (e.g., 132 quality investigations every six months – see footnote 3 for further information on the Exit Plan), quality of visits being conducted for families receiving in-home and out-of-home care, quality of older youth transition planning, and special reviews based on specific requests from the deputies or the Agency director.

- ▶ Providing performance support to management and staff, based on results from reviews (e.g., recommendations to help implement practice and process improvements)
- ▶ Completing programmatic data analysis and evaluation
- ▶ Preparing performance reports under the Four Pillars Strategic Framework
- ▶ Providing performance reports required by the Executive Office of the Mayor⁷⁵
- ▶ Conducting surveys and focus groups with frontline staff for direct feedback on suggested practice improvements
- ▶ Convening the Internal Child Fatality Review Process

In addition to the above review activities, PAQIA’s dedicated CQI staff provides QA and improvement reviews. PAQIA also conducts data analysis independent of case reviews, utilizing a quantitative data validation plan for on-going analysis of new FACES.NET reports and the close monitoring of key exit standards under the LaShawn Implementation and Exit Plan (IEP).⁷⁶

Moving forward, CFSA seeks to establish a CQI approach that integrates all facets of the Agency’s work. In 2019, CFSA completed the first arm of the approach which involved an inventory of all Agency data collection activities for the following program areas: Entry Services, Program Operations, Administration Services, the Office of the Attorney General, the Office of Well Being, and OPPPS. Completing this inventory allowed PAQIA to gain a comprehensive view of Agency-wide data collection work and thereby laying the foundation for integrating individual program analyses. The inventory process included PAQIA working with each program area’s data quality liaison who shared how often the program collects data, the methodology used to collect the data, and whether the data liaison is currently collaborating with PAQIA.

The integrative CQI inventory will be assessed against these four domains of foundational CQI practice: 1) strategic objectives and theory of change, 2) foundational administrative structure, 3) collection and analysis of quality, i.e., evidence thereof, and 4) feedback and adjustment. The approach is rooted in the following tenets:

- ▶ **Leadership demonstrates evidence use:** The leadership promotes, models and sets clear expectations for the use of evidence to make decisions.

⁷⁵ Annual Public Report, CFSA Commitment to Positive Outcomes, Four Pillars Scorecard, and specialty reports (e.g., Reducing Disproportionality).

⁷⁶ The IEP was negotiated in December 2010 as the result of the American Civil Liberties Union (later Children’s Rights, Inc.) filing the initial *LaShawn A. v. Barry* lawsuit in 1989 over the quality of services the District of Columbia was providing to abused and neglected children in its care. The lawsuit carries through mayoral administration; therefore, currently cited as *LaShawn vs. Bowser*.

- ▶ **Leadership demonstrates systemic thinking:** Leadership models the search for systemic solutions and the avoidance of blame while addressing systemic and adaptive challenges.
- ▶ **Staff involvement in CQI:** Managers and staff at all levels of the Agency or program are actively involved in CQI and use it to assess and improve daily casework practice and outcomes.
- ▶ **External stakeholder involvement in CQI:** The Agency or program provides opportunities for participation and meaningful roles in the CQI process for child, youth, family and other stakeholder representatives in a manner that is sensitive to their perspectives and abilities.
- ▶ **Alignment of Agency and provider CQI:** CQI goals, measures, and processes within the Agency and its contracted providers are aligned.

CFSA already has a robust self-regulating system where both at the system level and programmatic level analysis guides improvement strategies and increases in performance outcomes. CFSA completes root cause analysis to determine the best approach for improvement strategies. The goal of the CQI integrated approach is to ensure that all CQI activities throughout CFSA are aligned with the CQI principles, and to close gaps where needed.

Quality Data Collection

Data integrity is the priority focus for CFSA's integrated approach to systemic CQI. Such integrity ensures that data-driven decisions result in the anticipated outcomes for children and families. Additional priorities include a reliable infrastructure that supports quality data entry and, by extension, the dissemination of accurate information. Included in the infrastructure is a user-friendly data display through dashboards, which can be adjusted as needed based on CQI feedback.

To further ensure data integrity, CFSA created the Data Quality Committee in November 2018. The Committee is broken down into two sub-committees: 1) Lexicon and 2) Strategy and Metrics. Both sub-committees collaborate to achieve the following responsibilities:

- ▶ The Strategy and Metrics sub-committee identifies and prioritizes addressing and resolving data quality issues that are critical to the mission of CFSA. The sub-committee also establishes processes for resolving data issues and conflicts and defines quality metrics to measure progress towards high quality data.
- ▶ The Lexicon sub-committee ensures that the terms CFSA uses are unequivocally and unambiguously defined, disseminated and promoted across the Agency and its contracted partners. The Lexicon sub-committee will also develop a Wikipedia data

dictionary for CFSA and define processes to continuously update the dictionary as needed.

The Data Quality Committee

When CFSA created the Data Quality Committee, the Agency included the following guidance to the committee's charter:

DATA QUALITY DEFINITION

Data Quality is the reportable state of completeness, validity, consistency, timeliness and accuracy of all data entered, acquired, aggregated or calculated for use by clients, staff, and partners to make decisions.

Committee Purpose

Members of CFSA's Data Quality Committee establish, drive and refine the mission and vision for data quality. The committee will identify and establish processes and strategies to prevent and resolve data quality issues. The goal of the committee is to make Data Quality an Agency-wide practice and part of the culture.

Committee Goals

- ▶ Educate all staff to create a shared understanding and definitions of cases, clients, and context.
- ▶ Support consistent, uniform and reliable processes and approaches for data collection across the Agency.
- ▶ Provide complete, timely, and accurate data for CFSA stakeholders.

Committee Scope

The Data Quality Committee will formulate strategies and approaches to address all data conflicts related both incoming and outgoing data and guide the development and maintenance of business processes that drive data quality improvements. The committee will create and deliver projects in collaboration with business units to address processes and technologies impacting data quality. The definition of metrics, data elements, and their relationship to each other are an integral part of the committee's work, aligned to the Agency's needs and the requirements of the federal Administration for Children and Families' Comprehensive Child Welfare Information System. Communication and education about the committee's mission, projects and roles are the responsibility of the committee.

Case review process

FY 2022 APSR Update

CFSA's Data Quality Committee establishes, drives, and refines the vision and protocols for data quality and governance. The committee identifies and establishes processes to prevent and address data quality issues and is the decision-making body to resolve discrepancies or conflicting practices that result in data quality issues. These strategies result in providing complete, timely, and accurate data for CFSA staff and stakeholders.

In June 2021, CFSA reset the structure of the Data Quality Committee from two data quality committees to one committee to better align data quality work to current and critical Agency needs. The Agency learned a lot through 2020-2021 and developed data clean-up tools for programs to deploy on a monthly basis. In addition, the Agency created a guide and a training curriculum to address the collection and treatment of manual data. To address the gaps from the last structure, the Data Quality Committee revised its charter to focus on data quality priorities and, accordingly, revised its processes.

FY 2021 APSR Update

The Lexicon Sub-Committee, which meets monthly, began creating a data dictionary to include the data elements in FACES.NET that are required for federal reporting. All other manual databases across the agency in systems, such as Excel and Quickbase, must also include the required data elements. This data dictionary will enable the Agency to determine whether data is being consistently defined across the Agency. In addition, the dictionary can identify what elements need to be brought into the CCWIS system which CFSA is preparing to design. Through this process, CFSA discovered additional, previously unknown manual databases with varying degrees of data quality. As a result, the Lexicon Sub-Committee designed and delivered a “Best Practices for Manual Data Tracking” training for Agency personnel tracking, entering and analyzing data. The training covered formatting and setting up an Excel spreadsheet; entering, cleaning, and analyzing data; examples of common data elements, and suggested formats to ensure ongoing continuity across the Agency. Twenty individuals have attended one training to date. According to the participants’ feedback, the training was informative, useful and well received. Attendees included personnel in charge of tracking data from program areas (analysts and administrative assistants), as well as administrators, and employees from the Collaboratives and private agencies. The Agency intends to schedule additional training sessions.

Quality Services Review (QSR)

Since 2003, CFSA has used the QSR process to annually review cases and to analyze data on the quality of case planning and service delivery for children and families. CFSA has a Quality Services Review Unit with six QSR specialists who gather data from the two-day review process

and submit their data for finalization by a supervisory QA process that almost always includes representation from the Center for the Study of Social Policy (CSSP).⁷⁷ QSR ratings are specific to multiple indicators on the overall status of the child and the overall practice of the system.

FY 2022 APSR Update

CFSA continues to use the quality services review (QSR) process as a standard qualitative review and key component of the Agency's continuous quality improvement (CQI) process. The QSR Unit pulls the case sample from FACES.NET and then randomly selects stratified in-home and out-of-home cases using age, gender, placement type, and permanency goals as data points. The sample is further stratified so that no family is reviewed more than once within a 2-year period. Stratification includes representation from contracted private agency cases.⁷⁸ In CY 2020, due to COVID-19, the QSR Unit reviewed 123 cases, instead of the 140 cases that are traditionally reviewed each year.⁷⁹

In calendar year (CY) 2020, the QSR unit initially planned to complete a total of 140 cases, with 60 in-home cases and 80 out-of-home cases. Due to COVID-19 and the Agency moving to telework status on March 16, in the midst of the in-home reviews, as well as the impact on families, the updated plan called for a slight reduction in the in-home cases. There were 42 in-home cases reviewed and 81 out-of-home cases. Although there was a slight decline in the review of in-home cases due to COVID-19, the QSR Unit intends to return to a larger sample as the COVID-19 restrictions are lifted. Due to COVID-19 restrictions, the QSR's were conducted virtually.

Trained QSR reviewers use and score a protocol with information obtained through interviews with children, parents, and caregivers who share their experiences in the foster care system, their level of satisfaction with the services received, and their feedback on whether they feel "heard" and included in the case planning process. The QSR process also includes reviews of hard case files and case notes from FACES.NET, along with interviews of other key stakeholders (i.e., social workers, attorneys, and service providers).

Per the clients' feedback, the QSR reviewers rate the experiences of children and youth, parents, and caregivers under the QSR "voice and choice" indicator. The findings for this indicator in CY

⁷⁷ CSSP is a court-appointed monitor for *LaShawn A. v. Bowser*. As monitor, CSSP is required to independently assess the District of Columbia's performance in meeting the outcomes and exit standards set by the *LaShawn* IEP.

⁷⁸ The Agency issued a request for proposals in FY 2017 to seek one contracted private agency to case manage all children placed in the state of Maryland with CFSA continuing to case manage all children placed in the District of Columbia. CFSA accepted the proposal from the Maryland-based National Center for Children and Families.

⁷⁹ The 2020 Annual QSR Report can be viewed here: <https://cfsa.dc.gov/publication/2020-annual-quality-service-review-report-qsr>

2020 showed that 97 percent of the cases were rated as “acceptable” for children and 95 percent for caregivers. The ratings were not as high for biological parents. Those findings were 88 percent for fathers and 82 percent for mothers. Ratings for fathers was a 4 percentage-point increase from 2019, while ratings for mothers had a slight decline from 2019. For 34 birth parents whose children had a goal of reunification, 86 percent of mothers felt included in the case planning process, while 73 percent of the fathers felt included. Based on case review findings, engagement in case planning can be challenged by a parent’s individual circumstances and history. These findings are more prevalent for fathers where engagement is also a challenge. Examples of engagement included the agency ensuring accommodations for birth parents’ schedules and adjusting for parents’ needs for virtual attendance at case planning meetings, due to the pandemic.

Upon completion of the 2-day QSR, reviewers submit written narrative summaries that support the ratings and provide further details on the child’s placement (out-of-home cases). Always included are a family’s demographics, history, and functioning. Further details are provided on the system’s support of the child’s permanency goal, as well as information on supportive services provided to the child’s family to help them stabilize and become self-sufficient. For out-of-home cases, reviewers rate indicators for the support of resource parents as well as birth parents.

As of January 2017, an “entrance conference” is now held with the private agency or CFSA administration approximately 2 months prior to the scheduled review. The purpose of the conference is to discuss logistics of the review, confirm the sample, and provide a brief overview of the review process. There is also a weekly case presentation held with leadership from the private agency or CFSA administration being reviewed. Reviewers offer a brief oral synopsis of the cases reviewed and highlight the salient points for services and supports, the pathway to case closure, and planning interventions. Each presentation looks at what is working well in practice and what areas may need improvement.

An “exit conference” occurs within 60 days of the final case presentation. Members of senior leadership are invited to participate, along with the Permanency and In-Home Administrations’ program managers, supervisors, front line staff (depending on which of the two administrations was reviewed). The presentation of preliminary findings provides the leadership team with the opportunity to discuss programmatic strengths and challenges, any systemic issues that were noted during the reviews, and strategies for improvement. The program area then develops a formal CQI plan in collaboration with the leadership and with follow-up within 60 days after the exit conference. The plan includes identified areas of performance in need of improvement, the

strategies and activities involved to achieve improvement, and a plan for how to measure progress on the QSR.

CFSA also sponsors monthly team meetings for managers from CFSA, contracted private agencies, and the Healthy Families/Thriving Communities Collaboratives. QSR management shares an overview of key program performance, including QSR results.

As a result of the internal CQI of the QSR process, the QSR Unit now assigns a QSR specialist to each CFSA program area (including private agencies) as a team lead. The team lead collaborates closely with program staff in the preparation for upcoming reviews, provides immediate feedback to program areas on QSR results, and addresses areas of practice in need of improvement. One formal CQI process includes an initial meeting with the deputy of each program area to identify practice areas to be addressed. Afterwards, a CQI plan is developed in collaboration with the designated program area staff with the QSR specialist as the lead.

CFSA also collaborates with Chapin Hall in Chicago through the Casey Family Foundation⁸⁰ to support CFSA in the development of a fully integrated CQI system throughout the Agency.

An Annual Quality Services Report is published with the results of the reviews.

FY 2021 APSR Update

CFSA continues to use the Quality Services Review (QSR) process as a standard qualitative review and key component of the Agency's continuous quality improvement (CQI) process. CFSA randomly selects stratified in-home and out-of-home cases using age, gender, placement type, and permanency goals as data points. The sample is further stratified so that no family is reviewed more than once within a two-year period. Stratification includes representation from contracted private agency cases.⁸¹

For calendar year (CY) 2019, the QSR sampling plan included 79 reviews for out-of-home cases and 54 reviews for in-home cases. The sample size remained the same from 2018 with a larger proportion of in-home cases reflecting CFSA's emphasis on decreasing the removals of children from their homes (unless child safety is at imminent risk). The in-home sample also

⁸⁰ Chapin Hall assists child welfare agencies with policy research and CQI systems that can improve practice to support children and families.

⁸¹ The Agency issued a request for proposals in FY 2017 to seek one contracted private agency to case manage all children placed in the state of Maryland with CFSA continuing to case manage all children placed in the District of Columbia. CFSA accepted the proposal from the Maryland-based National Center for Children and Families.

corresponded with the increase in the case management of the overall count (321) for CY 2019 in-home cases.

Trained QSR reviewers use and score a protocol with information obtained through interviews with children, parents, and caregivers who share their experiences with the foster care system, their level of satisfaction with the services received, and feedback on whether they feel “heard” and included in the case planning process. The QSR process also includes reviews of hard case files and case notes from FACES.NET, along with interviews of other key stakeholders (i.e., social workers, attorneys, and service providers).

Per the clients’ feedback, the QSR reviewers rate the experiences of children and youth, parents and caregivers under the QSR “Voice and Choice” indicator. The findings for this indicator in CY 2019 showed that 97 percent of the cases were rated as “acceptable” for children and 91 percent for caregivers. The ratings were not as high for biological parents. Those findings were 84 percent for fathers and 88 percent for mothers. Ratings for fathers was a 21 percent increase from 2018, while ratings for mothers had a slight decline from 2018. The performance was lower for fathers and mothers in the reviews of 34 cases with a goal of reunification. Of these cases, 86 percent of mothers felt included in the case planning process, while 73 percent of the fathers felt included.

Upon completion of the two-day QSR, reviewers submit written narrative summaries that support the ratings and provide further details on the child’s placement (out-of-home cases). Always included are a family’s demographics, history, and functioning. Further details are provided on the system’s support of the child’s permanency goal, as well as information on supportive services provided to the child’s family to help them stabilize and become self-sufficient. For out-of-home cases, reviewers rate indicators for the support of resource parents as well as birth parents.

As of January 2017, an “entrance conference” is now held with the private agency or CFSA administration approximately two months prior to the scheduled review. The purpose of the conference is to discuss logistics of the review, confirm the sample, and provide a brief overview of the review process. There is also a weekly case presentation held with leadership from the private agency or CFSA administration being reviewed. Reviewers offer a brief oral synopsis of the cases reviewed and highlight the salient points for services and supports, the pathway to case closure, and planning interventions. Each presentation looks at what is working well in practice and what areas may need improvement.

An “exit conference” occurs within 60 days of the final case presentation. Members of senior leadership are invited to participate, along with the Permanency and In-Home Administrations’ program managers, supervisors, front line staff (depending on which of the two administrations was reviewed). The presentation of preliminary findings provides the leadership team with the opportunity to discuss programmatic strengths and challenges, any systemic issues that were noted during the reviews, and strategies for improvement. The program area then develops a formal CQI plan in collaboration with the leadership and with follow-up within 60 days after the exit conference. The plan includes identified areas of performance in need of improvement, the strategies and activities involved to achieve improvement, and a plan for how to measure progress on the QSR.

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CFSA also collaborates with Chapin Hall in Chicago through the Casey Family Foundation⁸² to support CFSA in the development of a fully integrated CQI system throughout the Agency.

An Annual Quality Services Report is published with the results of the reviews. See this link to view the 2019 Annual Quality Services Report.

INTERNAL CHILD FATALITY REVIEWS (CFR)

The statutory responsibility for reviewing child deaths falls under the District’s Child Fatality Review Committee (CFRC), under the auspices of the Office of the Chief Medical Examiner (OCME). CFSA has permanent representation on CFRC as well as conducting its own internal CFSA process for reviewing fatalities of any children whose family had contact with the Agency within five years of the child’s death. CFSA’s internal committee includes a multidisciplinary

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team of key program leaders from the Offices of the Director, Entry Services, Permanency, Well Being, and General Counsel. Representatives from the Agency's Child Welfare Training Academy and Policy Unit are included. A representative from OCME also attends to ensure a stronger network between the Agency and CFRC.

Based on the timing of a child's death and the report of that death to CFSA, it may occur that a fatality case is not actually within the same year of the child's death (e.g., the case of a child dying in December may be reviewed in January of the following year, or a child's death that was not CFSA-involved at the time of the death may not be reported by OCME to CFSA until a year or more later after the death). In CY 2018, CFSA reviewed 42 fatalities that occurred between the years of 2015 to 2018. Of these cases, 32 were closed at the time of the child's death and 10 were open. For the 10 open cases, four were in-home, two were out-of-home, and four were active with Entry Services Administration.

CFSA's internal review process seeks to identify any systemic, training, supervision, safety, or policy issues that surface during the review of these cases. As a result of these reviews, CFSA identifies specific recommendations in hopes of reducing any factors that may relate to a fatality (despite the fact that abuse-related fatalities are statistically lower than any other type of fatality). Both the District's CFRC and CFSA have made similar recommendations based on cases reviewed in the past two years, particularly in regard to the dangers of bed-sharing and co-sleeping, as well as the care of children who are diagnosed as medically fragile, and the number of fatalities of older youth caused by handgun homicides.

During FY 2018, the CFR Unit moved to the QA unit while the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) case reviews moved to the QSR team for improved alignment. In so doing, CFSA also made improvements to the gathering of data for the CFR process. These improvements include a fatality review specialist submitting survey answers based on a detailed review of the deceased child and family history with CFSA, including services offered as well as interventions needed. The survey asks for more specific demographic details to examine trends on younger parents, past history with CFSA and family involvement with other agencies (including parental involvement in child welfare as child victims). Surveys also cover employment, housing, substance use, service delivery, etc. The surveys are completed at the end of each child fatality review. The information gathered by the survey is used to identify trends, themes, and systemic issues in order to determine policy and practice changes.

In addition, PAQIA has refined its database of CFR information based on the aggregate data entered from each case reviewed. Data gathering now includes demographics as well as recommendations that surface from the fatality case presentation. Recommendations cover

topic areas that continue to surface during case reviews, e.g., the development of intervention plans. During CFSA’s internal committee meetings, members discuss which CFSA administration will be responsible for implementing the recommendation. Committee members also agree upon the time frame for completion. Recommendations, and the status of their implementation, as well as the gathered data, help to inform the Annual Child Fatality Review Report.

Below is a table of the child fatalities that the CFR Unit reviewed from 2008 to 2019.

Child Fatalities Reviewed by Calendar Year

Calendar Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total # Deaths of Known Children	68	50	33	26	25	24	22	30	20	26	42	33
# Non-Homicide Deaths	39	27	20	15	21	13	14	17	13	5	32	25
# Non-Abuse Homicide	21	19	9	11	3	9	7	13	6	20	10	5
# Abuse Homicide	8	4	4	0	1	2	1	0	1	1	0	3

FY 2022 APSR Update

As noted above, every CFR annual report has historically included review data outside of the calendar year, depending on when the CFR Unit received notification of a child’s death (e.g., the case of a child dying in December may be reviewed in January of the following year, or a child’s death that was not CFSA-involved at the time of the death may not be reported by OCME to CFSA until a year or more later after the death). As of CY 2020, the CFR Unit now prepares two reports on child fatalities. The first report is a data snapshot that reviews child fatalities that occurred only during the calendar year, providing a high-level overview of demographic data. The second report is the Annual Child Fatality Review Report that includes an addendum of fatalities that occurred prior to the calendar year.

The Internal Child Fatality Review Committee reviewed 40 fatalities during CY 2020. Of these cases, 31 families (78 percent) did not have active CFSA involvement at the time of the child’s death. Of the nine cases for families with involvement, five (13 percent) had an open foster case. Two families (5 percent) had an open investigation. One family (2 percent) had an open case

with the In-Home Administration as well as an open investigation. Another family (2 percent) had an open foster case as well as an open investigation.

Below is a table of the child fatalities that the CFR Unit reviewed from 2009 to 2020.

Calendar Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total # Deaths of Known Children	50	33	26	25	24	22	30	20	26	42	33	42
# Non-Homicide Deaths	27	20	15	21	13	14	17	13	5	32	25	24
# Non-Abuse/Neglect Homicide	19	9	11	3	9	7	13	6	20	10	5	14
# Abuse/Neglect Homicide	4	4	0	1	2	1	0	1	1	0	3	4

Demographics According to Manner of Death – CY 2020 Child Fatality Reviews								
	Natural Causes	Non-Abuse Homicide	Abuse or Neglect Homicide	Accident	Suicide	Undetermined ⁸³	Unknown	Total
Age								
<1 year	6	0	1	4	0	1	1	13
1 – 5 years	2	0	2	0	0	0	0	3
6 – 12 years	0	2	0	0	1	0	0	4
13 – 17 years	0	4	0	0	0	0	0	4
18+ years	1	14	0	1	0	0	0	16
Total	9	20	3	5	1	1	1	40
Gender								
Male	5	16	2	5	0	1	1	28
Female	4	4	1	0	1	0	0	12
Total	9	20	3	5	1	1	1	40

⁸³ OCME defines a manner of death as “undetermined” when autopsy findings are indecisive, i.e., there is insufficient or inconclusive information to assign a specific manner. An undetermined death may also have an “unknown” manner, or an undetermined cause of death with a known manner, or a determined cause of death and an unknown manner. Note: Sudden Unexpected Deaths in Infancy (SUID) carry an “undetermined” manner of death. Source: <https://ocme.dc.gov/sites/default/files/dc/sites/ocme/2017%20OCME%20Annual%20Reportupdated.pdf>

FY 2021 APSR Update

In June 2019, the ICFR committee revised its protocol for reviewing potential recommendations related to child fatality prevention and general practice improvements. Potential recommendations must be based on identified service gaps or areas for improvement related to programs, policies, accountability, or resources. When an idea for a potential recommendation is introduced during an ICFR meeting, members are asked to conduct research to provide additional information on the identified area of need. Once supporting information is presented, the committee decides whether to approve the recommendation. Once the committee agrees upon the recommendations, CFSA's director reviews the recommendations and subsequently considers their viability for addressing CFSA's needs before approving for implementation. Recommendations related to fatality prevention are subject to the approval of the CFSA director and may be modified based on the director's feedback. While recommendations related to general practice improvements are shared with the director, executive approval is required for recommendations that impact CFSA budgets, personnel, and/or policy.

The Child Fatality Review Policy update includes the child-specific criteria that warrant a CFSA fatality review. As part of CFSA's continuous quality improvement (CQI) efforts, the updated policy also clarifies the actual review process, specifically addressing the CQI framework through which the review committee arrives at recommendations for policy and practice improvements, along with standards for ongoing progress reporting on action steps.

Case Reviews and Analysis

PAQIA staff conducts a variety of case reviews and analyses at the request of the deputy directors. The purpose of these case reviews is to provide timely feedback to the managers in order to inform and improve child welfare practice. As a result of such requests, QA conducted the following qualitative reviews:

- ▶ 30 CPS Hotline calls per quarter
- ▶ All referrals during the last month of each quarter where good faith efforts (GFE) applied (i.e., required efforts made to see the child)
- ▶ 50 referrals per quarter submitted to the Educational Triage Unit

With regards to the analysis of the 30 CPS Hotline calls from January to March 2018, the QA review indicated that Hotline workers applied customer service skills 95 percent of the time (on average) throughout the duration of a call. Also, on average, the Hotline workers gathered information on the alleged victim child 94 percent of the time. Additional data included the gathering of information on the alleged maltreater (87 percent of the time, on average) and

gathering safety-related information (also 87 percent of the time, on average). The written narratives entered into FACES.NET were consistent with information provided by the reporter (80 percent of the time, on average). Lastly, QA agreed with the Hotline supervisory screening decision (83 percent of the time, on average).

QA continues to review, assess, and elevate to the deputy of Entry Services any safety concerns pertaining to an allegation, and any significant customer service concerns pertaining to the Hotline workers. No calls were elevated either for safety or customer service reasons during the period reviewed. Due to other priorities, but mostly given the consistently high quality with which the Hotline workers' met customer service standards during the first two quarterly reviews, QA suspended additional reviews for the last two quarters of FY 2018. QA will resume these Hotline customer service reviews in July 2019 for April-June 2019 Hotline calls.

In regard to the GFE reviews, QA and Entry Services agreed that overall compliance ranged between 65-to-85 percent from March to December 2018.⁸⁴ QA continues to provide each Entry Services supervisor with a detailed quarterly analysis that may assist Entry Services leadership with determining training needs, identification of barriers that may need to be ameliorated, and pinpointing trends that may impact compliance.

From January to March 2018, the QA Unit conducted quarterly reviews of educational neglect referrals that the Educational Triage Unit screened out. The key purpose of this review was for QA reviewers to assess whether they agreed with the screening decisions for each referral. To conduct the review, QA randomly selected 50 screen-outs each quarter in which the only allegation was educational neglect.⁸⁵ For the quarter reviewed, QA agreed with the decision to screen out the referral 88 percent of the time. Given the consistently strong findings for these screen-outs throughout CY 2017 and January-March 2018, educational screen-out reviews were put on hold until CY 2019.

For every PAQIA review, CFSA utilizes quantitative and qualitative data to assist with deeper, root-cause analyses beyond the surface data. Every case reviewer conducts qualitative research using a tool based on current policy, best practices, and input from program area management. Reviewers are trained on the purpose of the review and each review tool prior to commencing

⁸⁴QA reviewers agreed with Entry Services' supervisors that the 65-to-85 percentage range accurately defines the percentage of time that social workers made and documented GFEs. For *LaShawn* compliance, CFSA takes the numerator that FACES.NET reports as compliant and then subtracts the GFEs that the QA team did not agree with documented efforts.

⁸⁵ Prior to January 2018, the QA Unit reviewed 125 educational screen-outs per quarter based on CFSA's response to a C SSP's 2016 assessment on the Agency's Hotline intake process. Due to strong findings throughout CY 2017, the number of reviewed screen-outs was reduced to 50 per quarter.

the case review. Each review, for example, has its own survey tool that asks questions to determine whether the social worker provided practice consistent with benchmarks and policy requirements. Additionally, PAQIA requires all reviews to include a QA process where a sample of each reviewer's completed review tools are subject to a secondary review to ensure accuracy and consistency throughout the review. Based on the results of the secondary review, re-training on specific practice areas may be provided to reviewers as necessary.

Collaboration with External Reviews and Evaluation Processes

In addition to the internal processes described above, CFSA partners with representatives from other organizations to conduct evaluations or assessments of the Agency's work and practice. For example, throughout 2016 and 2017, CFSA engaged a national consultant to provide technical assistance for analyzing historical QSR data. The key intent here has been to determine the most salient factors impacting performances in case planning and services. As a result, the QSR unit completes an internal CQI review process to strengthen the feedback loop to the program areas. To find out how the QSR unit could strengthen its collaboration and support of program areas, the QSR unit sought feedback using a survey and conducted focus groups with them. The QSR unit also participated in peer learning with other jurisdictions, such as New Jersey.

As a result of the internal CQI process of the QSR process, the QSR unit now assigns a QSR specialist to each CFSA program area (including private agencies) as a team lead. The team lead collaborates closely with program staff in the preparation for upcoming reviews, provides immediate feedback to program areas on QSR results, and addresses areas of practice in need of improvement. One formal CQI process includes an initial meeting with the deputy of each program area to identify practice areas to be addressed. Afterwards, a CQI plan is developed in collaboration with the designated program area staff with the QSR specialist as the lead.

CFSA also collaborates with Chapin Hall in Chicago through the Casey Family Foundation to support CFSA in the development of a fully integrated CQI system throughout the Agency.

OTHER QUALITY ASSURANCE ACTIVITIES RELATED TO CASE REVIEWS

Review of Safety Assessments during Visits with Children

During September-October 2018, CFSA and CSSP jointly conducted a case record review with statistically significant samples of the three visitation benchmarks to determine the extent to which child safety was assessed and documented during visits by social workers and other CFSA employees, including both in-home and out-of-home cases. Reviewers examined the frequency and quality of visits alongside the social workers' assessments of safety within the first four

weeks of placement (n=60), general out-of-home population (n=158), and in-home population (n=164) during August 2018.

- ▶ For the review of visits during the first four weeks of placement, at least one visit occurred with all 60 (100 percent) children. Of these children, 54 (90 percent) received the required number of visits within the first four weeks of placement change. These social workers' visits occurred in the child's foster home for 52 children (87 percent).
- ▶ From the review of out-of-home population, at least one visit had occurred for all 158 children in August 2018. Of these, 153 (97 percent) children had at least two or more visits during the month. Ninety children had three or more visits.
- ▶ From the review of the in-home population, one or more of the child welfare team must conduct a visit, e.g., either a social worker, supervisory social worker, family support worker, or Collaborative support worker conducted two or more visits with 159 (97 percent) children. Twenty-eight children had three or more visits.

Performance Improvement Plan (PIP) Case Review

During the CFSR, the District reviewed 40 foster care, 19 in-home, and 6 family assessment cases. The District is required to address measures of improvement for Safety 1 and 2, Permanency 1, and Well-Being 1. The CFSR found CFSA to be in "substantial conformity" with five of seven systemic factors. For these factors, the District received positive CFSR results in terms of policy, procedures, training, practice models, and service array.

Many of the cases reviewed showed good overall casework practice. However, some cases displayed a lack of consistent practice. For example, the review noted that supervision did not always identify or address fidelity to policy, procedures, training, and practice models. Specific to Safety Outcome 1, CFSR findings reported that caseworkers sometimes did not make face-to-face contact with the children within the required timeframes for investigations and family assessment cases. For Safety Outcome 2, CFSR findings reported that safety services were not provided to prevent the removal of children after a sibling entered foster care. In many of the cases, the Agency did not provide services to address underlying safety issues (such as housing, domestic violence, substance abuse, and mental health). Safety Outcome 2 concerns related to inconsistent ongoing risk and safety assessments, including assessments prior to case closure. Also, in some cases there was no monitoring of safety plans.

For Permanency Outcome 1, CFSR findings reported that many children had unplanned placements during the period under review. Findings indicated that the child's current placement was not stable in several cases due to the child's behaviors or mental health and a

caregiver's lack of training or inability to manage those behaviors. In several cases, CFSA did not establish the initial permanency goals in a timely manner. The review also found that there was minimal use of concurrent planning, even though such planning would have been helpful in addressing delays in permanency goal changes. Another critical issue involved the timely filing (15 of 22 months) of termination of parental rights (TPR) and a lack of documented reasons for not filing. Permanency Outcome 1 findings also indicated that some social workers allowed extensive time for several parents, relatives, prospective guardians and pre-adoptive parents to comply with service plan requirements even though the individuals showed very little or no progress. Often the Family Court decided to provide more time over CFSA's objection of CFSA. These delays caused children to remain in care for up to several years before achieving permanency. Many had yet to reach their goal.

For Permanency Outcome 2, CFSR findings reported that the quality of visits was lacking, despite sufficient frequency of the visits to meet the child's needs. Findings also reported that social workers were either not making initial or ongoing efforts to identify, locate, inform, or evaluate relatives as placement resources. Another key finding for this outcome included several cases where efforts lacked sufficient engagement of parents to participate in activities with their child outside of visits.

For Well-Being Outcome 1, CFSR findings reported significant delays in providing appropriate services to children due to lacking completion of quality comprehensive assessments. The findings also reported a lack of ongoing comprehensive assessments for children receiving in-home cases. For the assessment of parents and resource parents' needs, the findings reported an overall lack of formal and informal assessments, initially and on an ongoing basis. Regarding case planning, the CFSR findings indicated a lack of active parental involvement in case planning where the child's permanency goal was adoption or guardianship, even though the Family Court had not terminated parental rights.

Findings indicated overall social worker visitations were frequent. However, the quality of the visits was lacking, i.e., visits focused on general case observations as opposed to the safety, permanency, and well-being of the child. Additional findings revealed that visits between caseworkers and parents were usually not of sufficient quality to address case goals, service needs, visitation, service provision, and safety. In some cases, the social worker was not able to establish a strong enough relationship with the parent for that parent to feel comfortable discussing specific issues. Some parents indicated they did not know what was going on in their own cases.

For Well-Being Outcomes 2 and 3, the CFSR findings reported that social workers were not monitoring in-home cases opened for educational neglect. However, overall, the Agency assessed the physical health and dental care needs of children. Regarding mental health, initial assessments were generally adequate to identify the mental and behavioral health needs of the children. Even still, many of the cases did not have follow-up or ongoing assessments to monitor services or to determine any changes in the child's mental health or behavior that might impact service needs.

As the result of the 2016 CFSR findings, CFSR decided to conduct 228 reviews (76 per year) using the onsite review instrument (OSRI) over a two-year PIP period with a non-overlapping evaluation period. These PIP reviews will include 50 out-of-home cases and 26 in-home cases, all of which will receive first and second level QA reviews.

The PIP case reviews have been ongoing since March 2018. As of May 2019, there were 34 cases with a status of "approved and final" entered in the CFSR Online Monitoring System (OMS). Of those cases, 19 were foster care, 11 were in-home, and 4 were differential response cases. For Safety Outcome 1, a large proportion (n=14) of the reviewed foster care cases were considered "not applicable." Of those applicable, 3 were substantially achieved, 2, not and 2 not achieved. Comparatively for the 11 in-home cases, three cases were considered "substantially achieved." Two cases were "not achieved" and six cases were "not applicable."

For Safety Outcome 2 and foster case cases, an area of strength was Item 3 (risk and safety management). Comparatively for the in-home cases, Item 3 was rated as an "area in need of improvement" (ANI) in 7 of the 11 cases reviewed. A strength rating was identified in 4 of the 11 cases. For the 11 foster care cases rated, 3 were (ANI) and 8 were rated as, "strength." For all the differential response cases, there were no strengths identified for Safety Outcomes 1 and 2. Of the four cases, three were rated not achieved for Safety Outcome 1 and four were not achieved for Safety Outcome 2.

For Permanency Outcome 1 of the 19 foster care cases, 2 were rated substantially achieved, 14 partially achieved and 3 not achieved. Practice strengths applied to eight cases for Item 4 (stability of foster care placement). Conversely, Item 6 (achieving reunification, guardianship, adoption, or other planned permanent living arrangement) was an ANI for 15 of the 19 cases. For Permanency Outcome 2, 11 cases substantially achieved the outcomes, 1 case did not achieve the outcome, and 7 cases partially achieved. Within Permanency Outcome 2, Items 9 and 10 (preserving connections and relative placement) were strong areas of performance.

For Well-Being Outcome 1 and the 19 foster care cases reviewed, four cases were substantially achieved, eight cases were partially achieved, and seven cases were not achieved. Item 12 and Item 12 (Subpart B) were ANIs. Item 15 was a key ANI as well. For Well-Being Outcome 2, 15 cases were in substantial conformity. Items 16 and 17 were areas of strength.

For the 11 in-home cases, well-being ratings were similar with ANIs for Items 12, 12a and 12b. Items 13, 14 and 15 were also rated as ANIs. For Well-Being Outcome 2, practice was strong with 7 of 11 reviewed cases being substantially achieved. One was partially achieved and three were not achieved. For the differential response cases, Well-Being ratings indicated ANIs for Items 12, 12a, 12b as well as Item 15.

FY2022 APSR Update

The District continues to show practice improvements since completing the baseline year performance. Baseline performance year findings reported that the District had not met any of the adjusted PIP goals. In the subsequent measurement periods, CFSA met one item, Item 14 in Measurement Period 2. Substantial improvement occurred during Measurement Period 3 (case review period, October 1, 2019 - September 30, 2020; PUR period January 1, 2019 - December 1, 2019), meeting the following PIP adjusted goals items: Item 14, Item 1, Item 3, Item 4, Item 5, Item 6, and Item 12. Preliminary findings from Measurement Period 4 performance (review period April 1, 2020 - March 31, 2021; PUR period July 1, 2019 - June 1, 2020) indicate the District had met Items 13 and 15.

FY2021 APSR Update

Child and Family Services Review (CFSR) Round 3										
District of Columbia: Program Improvement Plan (PIP) Measurement Plan Goals ⁸										
Case Review Items Requiring Measurement in the PIP										
Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted March 2018 - February 2019 ⁷										
CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level ¹	Number of applicable cases ²	2% Tolerance Applied to Min. Applicable Cases	Number of cases rated a Strength	PIP Baseline ³	Baseline Sampling Error ⁴	PIP Goal ⁵	Adjusted PIP Goal ⁶ 2 Months	# of Cases Rated a Strength Needed to Meet PIP Goal
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	30	29	20	66.7%	0.11016486	77.7%	76%	23 of 30
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	30	29	14	46.7%	0.11658753	58.3%	57%	17 of 30
Item 3	Risk and Safety Assessment and Management	1.28	76	74	39	51.3%	0.07338761	58.7%	58%	44 of 76
Item 4	Stability of Foster Care Placement	1.28	51	50	36	70.6%	0.08166794	78.8%	78%	40 of 51
Item 5	Permanency Goal for Child	1.28	51	50	22	43.1%	0.08876976	52.0%	51%	26 of 51
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	51	50	13	25.5%	0.07811208	33.3%	32%	16 of 51
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	76	74	14	18.4%	0.05691798	24.1%	23%	18 of 76
Item 13	Child and Family Involvement in Case Planning	1.28	70	69	18	25.7%	0.06686531	32.4%	31%	22 of 70
Item 14	Caseworker Visits With Child	1.28	76	74	45	59.2%	0.0721567	66.4%	65%	50 of 76
Item 15	Caseworker Visits With Parents	1.28	66	65	15	22.7%	0.06602749	29.3%	28%	19 of 66

As of December 31, 2019, the District completed the measurement plan, baseline year, case reviews. The baseline review period is March 2018 to February 2019, using monthly “period under review” (PUR)/sample periods with start dates beginning June 2017 - May 2018. Analysis of the case reviews determined the District’s performance goals for the following items: Items 1-6 and 12-15. Additionally, this baseline year performance table houses the summary of performance and adjusted PIP improvement goals, thereby accounting for the period of overlap between the baseline period and the PIP implementation period. The District of Columbia has two months of overlap based on a PIP implementation period beginning January 1, 2019 and the baseline period ending February 28, 2019. The PIP case review period, and first measurement year, began in March 2018 and will extend potentially through March 2022 to incorporate the non-overlapping period, which consists of two full AFCARS periods after the PIP implementation period ends.

Baseline Year Summary Analysis

Of the 10 items reflected in the baseline year performance table, the items with the highest number of strength ratings included Item 4 – Stability of Foster Care Placement. The total number of applicable cases was 51 with 36 cases rated as a strength (71 percent). For Item 1 – Timeliness of Initiating Investigations, the total number of cases in the baseline year was 30 with strength ratings for 20 cases (67 percent). For Item 14 – Caseworker Visits, 45 of the 76 applicable cases were rated as a strength (59 percent). Lastly, for Item 2 – Risk and Safety Assessment and Management, 39 of the 76 applicable cases received ratings of a strength (51 percent).

District Strategies to Meet Minimum Applicable Case Requirements to Evaluate Achievement of PIP Measurement Goals

As noted, the District’s case review time frames began in March 2018 and will extend potentially through March 2022 to incorporate the non-overlapping period, which consists of two full AFCARS periods after the PIP implementation period ends. The District of Columbia strategies to meet the minimum number of applicable case requirements by item will include the following activities:

- ▶ Extending the measurement period up to 15 months: The District will extend the 12-month measurement period in monthly increments ranging between 13-15 months to meet the applicable case count by item pursuant to the baseline case analysis.
- ▶ Targeted case sample identification/case removal: The District will review 76 cases in years 2 and 3 of the PIP, with the aims of ensuring meeting the minimum applicable case count by item.

Of the 6 or 7 cases reviewed monthly, the District will examine the item applicability of the sample cases identified each month by moving down the randomly ordered sample frame and targeting cases for review for the second half of the random sample for foster care and in-home services that meet both the sample requirements and the item applicability criteria. For example, ensuring that of the 6 or 7 cases reviewed for the second half of the random sample, minimally 3 cases (2 foster care cases and 1 in-home services case) meet the item applicability criteria.

At present the District is not considering a monthly review of additional cases. Rather, the District will apply the two aforementioned strategies for extending the measurement periods and the targeted case sample identification/removal process to meet the item applicability criteria of the PIP measurement plan. Additional measurement plan changes include the adjustment of Year 2 ending in March 2020, rolling monthly sample periods, and PUR.

State Conducted Child and Family Service Case Review

CFSA has used a successful method for the State Conducted Child and Family Service Reviews and will utilize the similar infrastructure for Round 4 with the addition of the six staff members who conduct the PIP case reviews, giving an additional level of expertise. CFSA will evaluate resources and begin planning when necessary.

Analysis and dissemination of quality data

Data integrity is a widely used term to reference one of the major components of an information security environment. Data integrity is concerned with maintaining the accuracy of data, which can be compromised by modifications that are unauthorized, unanticipated, or unintentional. Organizations across the globe in every industrial sector are constantly under increasing pressure and scrutiny to maintain the accuracy, consistency, and reliability of data that is stored in their respective databases. CFSA is no exception, especially when it comes to reporting client data to the federal and local government agencies. PAQIA completed a broad-based Agency analysis to evaluate the quality of services and to identify strengths and ANIs.

FY 2022 APSR Update

Throughout the year, PAQIA conducts the following reviews. These reviews are examples that occur during the year. These analyses provide ongoing quantitative and qualitative findings. PAQIA shares the results with the program staff who then target strategies for improvement.

- ▶ **Acceptable Investigations:** The Acceptable Investigations review examines the quality of practice during essential CPS investigatory actions. Each review utilizes a statistically significant randomized sample at a confidence level of 95 percent with ± 5

percent margin of error for CPS investigations closed during the month under review. CFSA and the Agency's former Court Monitor, the Center for the Studies of Social Policy (CSSP), completed the review jointly. PAQIA led two Acceptable Investigations reviews during school year (SY) 2021. During the first review, which examined a sample of CPS investigations closed during February 2020 (n=196), 84 percent of the investigations were deemed acceptable, which was a 9 percentage-point improvement from the Spring 2019 review. The second ad hoc review, which examined a sample of CPS investigations closed in September 2020 (n=155), found that 89 percent (n=138) of the investigations were deemed acceptable, a 5 percentage-point improvement from the February 2020 review. Another review occurred in November 2020, where 89 percent of investigations were deemed acceptable. And in the latest review, March 2021, 92 percent of investigation were deemed acceptable.

- ▶ **Community-Based Services Referrals:** The purpose of the review is to determine whether CFSA was able to connect families with a low-to-moderate risk level to the appropriate service through one of the Collaboratives or other community-based agencies. PAQIA reviewed a statistically significant sample of 147 referrals at a confidence level of 95 percent with ± 5 percent margin of error for CPS investigations closed during July and August 2020. Of the 147 families reviewed, 86 families were determined not to apply to this requirement for one of the following reasons: no service needs were identified for the family, the family was already receiving services, or service needs were identified but the families declined services. Of the remaining 61 families, CFSA staff linked 38 (62 percent) to services.
- ▶ **Disengaged Youth:** A quarterly report provides the analysis of CFSA's efforts to improve outcomes for disengaged youth,⁸⁶ including the identification of supports to reconnect this population. As of FY 2021-Q1, the benchmark was 70 percent for re-engagement of older youth in education and career services; performance for FY 2020 was 77 percent.
- ▶ **Educational Neglect Reporting:** These monthly and quarterly reports (school advisory period) provide the number of referrals, referral source, trajectory of referrals, program area that case managed the family, findings of the referral, and number of children ages 5-to-13 that the Agency case-managed at the time of the educational neglect referral. The quarterly report highlights trends. PAQIA shares the

⁸⁶ CSFA defines "disengaged youth" as any older youth who is not involved in an education, vocational training or employment program at the beginning of each fiscal year. The Office of Youth Empowerment works diligently with these older youth throughout the year to link them to one of the areas where youth express an interest.

report with the city-wide EveryDay Counts Task Force⁸⁷ and the EveryDay Counts Data Committee. In SY 2019-2020, there were a total of 2,302 calls for educational neglect. CPS screened out the majority of calls (1,849, or 80 percent) due to the allegations not meeting the requirements for a child welfare response. CPS accepted the remaining 409 calls for a child welfare investigation.⁸⁸ At the time that the final report, 407 of the of the investigations had been completed, and the overall disposition on 128 (31 percent) of these referrals was substantiated. (Investigations can include multiple allegations and this disposition may or may not have been on the allegation of educational neglect.) Fifty-six percent (n=227) of accepted investigations were unfounded, nine percent (n=35) received an incomplete disposition, and five percent (n=21) had a disposition of “inconclusive”.

- ▶ **Hotline Call Quality Assessment:** This review examines the appropriate management and quality of a stratified randomized sample of Hotline calls during one calendar month per quarter. Its purpose is to determine whether the Hotline staff is asking relevant questions, demonstrating appropriate customer service, and accurately completing a referral summary. At the end of the assessment, the QA team makes the determination as to whether they agree with the Hotline’s decision on accepting or screening out the calls. PAQIA notifies CPS senior management of the quarterly findings. During Q4 2020, PAQIA reviewed 95 Hotline calls recorded by 17 Hotline staff during the month of August. The results of the review indicated that Hotline workers applied customer service skills 89 percent of the time (on average) throughout the duration of a call. Also, on average, the Hotline workers gathered information on the alleged victim child 84 percent of the time. The CPS workers entering written narratives into FACES.NET included information that was consistent with information provided by the reporter 64 percent of the time (on average). Lastly, QA agreed with the Hotline supervisory screening decision 97 percent of the time.
- ▶ **Initiations Review [formerly known as Good Faith Effort (GFE)]:** This one month-per-quarter review examines whether Entry Services has conducted all the required activities to meet the Timely Initiations standard on CPS investigations. In October 2020, Entry Services implemented a new practice for initiating investigations. The new process focuses on assessing the safety of all children in the home within 48 hours of a report and, if the children were not seen within 48 hours, utilizing clinical assessments and critical thinking to document barriers and next steps for assessing child safety. For FY 2021 to date, PAQIA has conducted two Timely

⁸⁷ The EveryDay Counts! Task Force is a partnership of diverse District of Columbia agencies and stakeholders that collectively advance and coordinate strategies to increase student attendance and reduce truancy.

⁸⁸ Forty-four calls were accepted for investigation and linked to an already open investigation.

Initiations reviews. Entry Services' performance on the Timely Initiation benchmark was 88 percent for November 2020 closed CPS investigations and 86 percent for February 2021 closures.

- ▶ **Mental Health Evaluation:** PAQIA is collaborating with the Office of Well Being (OWB) to evaluate the new Mental Health Redesign, which was launched in October 2018. Preliminary analysis of data related to the implementation process from October 1, 2018 through March 31, 2020 revealed that a total of 189 children and 14 parents received a full mental health evaluation. There were 20 active clients who entered therapeutic services between October 1, 2018 and March 31, 2020 who had not been discharged: three children from an open in-home case, 14 children from the foster care population, and three parents with active mental health cases. Approximately 75 percent of clients referred for a mental evaluation during this period were recommended for therapy. Of those clients recommended for therapy during this period, 66 percent of recommended clients went on to have at least one in-house mental health treatment. Eighty-five percent of clients recommended for therapy were seen within 60 days. A comprehensive review of implementation data with additional insight into treatment needs, presenting diagnoses, and parental participation will be completed in FY 2021 Q4.
- ▶ **Missed Visit Efforts – Parent/Child (Quarterly):** This quarterly review determines whether cases comply with standards for parent-child visits, and whether cases meet the acceptable effort threshold for a missed visit. The missed visit efforts audit helps to determine compliance with parent-child visits. The data for parent-child visits ranged from 74 percent to 76 percent in FY 2020 and the result for FY 2021 to date is 75 percent in October 2020. The same efforts that are occurring for parent-social worker visits are also occurring for parent-child visits.
- ▶ **Missed Visit Efforts – Parent/Worker (Monthly):** This monthly review determines whether cases comply with standards for parent-social worker visits during the first 90 days after a child's entry into care, and whether cases meet the acceptable effort threshold for a missed visit. Reviews of missed visits' efforts help to determine compliance with parent-social worker visits. The data for parent-social worker visits ranged from 62 percent to 79 percent in FY 2020, and from 66 percent to 69 percent in FY 2021 (through November 2020). Due to the performance not reaching the benchmark of 80 percent, PAQIA began partnering more closely with the program areas in May 2020 to discuss the efforts made and how efforts are documented. The secondary review process includes administrators, program managers, and case-carrying supervisors. The program staff who participate are expected to bring the feedback back to their teams. In addition, PAQIA is available to attend team meetings and continues to send out the individual audit results to all

supervisors to share with their teams. In March 2021, PAQIA and the program areas renewed efforts to update the secondary review process, including development of a Survey Monkey tool to assist with completion of this review. In addition, as of the implementation of the new Four Pillars Performance Framework on January 1, 2021, this measure has been changed to look at twice monthly visits by staff during the first 9 months after a child's entry into care. Social workers continue to be required to make at least one of the visits per month, and the second visit can now be completed by PEER (Parent Engagement Education Resource) advocates and recovery specialists in addition to family support workers and nurse care managers.

- ▶ **Substance Abuse Evaluation:** PAQIA is also collaborating with OWB to evaluate the Project Connect substance abuse prevention model, which was launched in October 2019. Through this model, CFSA provides intensive home-based services to families dealing with substance use issues. Services include case coordination, substance abuse assessment and monitoring, relapse prevention, advocacy, parent education, nursing services, and linkages to other services deemed appropriate for the family. From October 2019 to June 2020, 39 families were referred to the Project Connect program. Through DBH's Addiction, Prevention, and Recovery Administration, a substance use assessor evaluated 24 of the 39 parents and caregivers (62 percent) as appropriate for a recommendation to receive substance use treatment other than Project Connect support services. The most frequently referred services during family participation in Project Connect were mental health (62 percent), external substance use disorder (SUD) providers (51 percent), and medical services for children and adults (41 percent, respectively). Of the 24 that received recommendations for substance use treatment, 22 (92 percent) entered treatment. By the conclusion of the review period, eight of the participants who entered treatment (36 percent) had completed treatment. An additional eight participants (36 percent) were still participating in Project Connect and six (27 percent) had their Project Connect case closed without completing treatment. A comprehensive review of OWB's fidelity to the Project Connect model adopted by CFSA and parental engagement will be completed in FY 2021 Q3.
- ▶ **Youth Transition Plan (YTP) Review:** The YTP review did not take place during 2020 primarily due to the pandemic and the need to update the review template.

In addition to the above reviews, CFSA program analysts conduct individual data examinations per program area, utilizing both the Permanency Tracker and the Finish Line Meeting:

- ▶ **Finish Line Meeting:** Each month, the Program Outcomes Unit in the Office of the Director and the program management staff analyze data specific to monthly performance benchmarks. During "The Finish Line" monthly meeting, "champions"

(program managers) from Entry Services, Program Operations, and OPPPS present these data to a panel of CFSA leadership (deputy directors and the chief of staff). In addition to presenting the data, the champions discuss strategies used to improve performance, as needed, and answer questions posed by the leadership panel. Through this process, which began in September 2019, CFSA successfully achieved 12 of 24 exit standards in the Exit and Sustainability plan during 2020.

- ▶ **Permanency Tracker Dashboards:** PAQIA has worked with the District's Office of the Chief Technology Officer and CFSA's Child Information Systems Administration to develop a Permanency Tracker dashboard, utilizing MicroStrategy⁸⁹ business intelligence software that will track progress toward each positive permanency goal (reunification, guardianship and adoption). The dashboards will permit the identification and alleviation of systematic or other barriers to progressing towards timely permanency. In FY 2020, CFSA, with technical assistance support from Chapin Hall, initiated efforts to design a new measurement framework and to discern how best to make meaning from the dashboard in a systemic manner. These efforts are ongoing.

FY 2021 APSR Update

PAQIA Analysis Results

The following reviews are examples of analyses completed by PAQIA. PAQIA shares the results with the program staff who then target strategies for improvement.

- ▶ **Acceptable Investigations:** PAQIA reviewed a statistically significant randomized sample of 196 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations. The review examined the quality of practice during essential CPS investigatory actions. During this review, 84 percent of the referrals were deemed as acceptable, which was a 11 percentage-point improvement from the last review in spring 2019.
- ▶ The CPS administration used the 2018 review to develop targeted strategies for improvement. The CPS administration in collaboration with PAQIA completed a non-representative sample mid-year to determine mid-course corrections that were still needed. The areas that needed improvement were reinforced during supervision and management discussions of the review results. This approach contributed to the 11-percentage point increase in the 2019 review.

⁸⁹ The MicroStrategy Intelligence Platform delivers enterprise and departmental intelligence. The platform helps fix short-term problems as well as helping organizations build a foundation for long-term success. With every engagement, the platform seeks to boost user and functional adoption, accelerate time-to-value, and arm the customers with the skills, frameworks, and best practices that agencies need to become truly self-sufficient.

- ▶ **Community-Based Services Referrals:** The purpose of the review is to determine whether CFSA was able to connect families with a low-to-moderate risk level to the appropriate service through one of the Collaboratives or other community-based agency. The review is completed jointly by CFSA and the Agency’s Court Monitor, the Center for the Studies of Social Policy (CSSP). During the July 2018-March 2019 monitoring period, PAQIA reviewed a statistically significant sample of 148 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations and family assessment referrals during February 2019. Of the 148 families reviewed, 104 families were determined not to apply to this requirement for one of the following reasons: no service needs were identified for the family, the family was already receiving services, or service needs were identified but the families declined services. Of the remaining 44 families, CFSA staff linked 26 (59 percent) to services. CFSA and CSSP jointly completed an additional review during the April-December 2019 monitoring period. PAQIA reviewed a statistically significant sample of 90 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations during September 2019. Of the 90 families reviewed, the requirement did not apply to 50 families for one of the following reasons: no service needs were identified for the family; the family was already receiving services; or service needs were identified, but the family declined services. Of the remaining 40 families, CFSA staff linked 22 (55 percent) families to services.
- ▶ **Disengaged Youth:** A quarterly report provides the analysis of CFSA’s efforts to improve outcomes for disengaged youth,⁹⁰ including the identification of supports to reconnect this population. As of FY 2020-Q1, the benchmark for re-engagement of older youth in education/career services was 70 percent; performance for FY 2019 was 75 percent.
- ▶ **Educational Neglect Reporting:** These monthly and quarterly reports (school advisory period) provide the number of referrals, referral source, trajectory of referrals, program area that case managed the family, findings of the referral, and number of children ages 5-to-13 that the Agency case-managed at the time of the educational neglect referral. The quarterly report highlights trends. PAQIA shares the report with the city-wide EveryDay Counts Task Force⁹¹ and the EveryDay Counts Data Committee. In school year (SY) 2018-2019, there were a total of 5,020 calls for

⁹⁰ CSFA defines “disengaged youth” as any older youth who is not involved in an education, vocational training or employment program at the beginning of each fiscal year. The Office of Youth Empowerment works diligently with these older youth throughout the year to link them to one of the areas where youth express an interest.

⁹¹ The EveryDay Counts! Task Force is a partnership of diverse District of Columbia agencies and stakeholders that collectively advance and coordinate strategies to increase student attendance and reduce truancy.

educational neglect. CPS screened out the majority of calls (3,899, or 78 percent) due to the allegations not meeting the requirements for a child welfare response. CPS accepted the remaining 1,121 calls for a child welfare response, either through an investigation or through the Family Assessment track.⁹² Forty-six percent (n=514) of the accepted calls received an investigation, and the remaining 54 percent (n=607) received Family Assessment services. At the time that the final report for SY 2018-2019 was completed, 442 of the of the investigations had been completed, and the overall disposition on 228 (52 percent) of these referrals was substantiated.

(Investigations can include multiple allegations and this disposition may or may not have been on the allegation of educational neglect.) Thirty-seven percent (n=37) of accepted investigations were unfounded, eight percent (n=35) received an incomplete disposition, and four percent (n=16) had a disposition of “inconclusive”.

- ▶ **Good Faith Effort (GFE):** This one month-per-quarter review examines whether Entry Services has conducted all the required activities to meet the GFE standard on CPS investigations. PAQIA notifies Entry Services’ senior management of the findings. Good faith efforts help to determine compliance with timely initiation of the investigation. The data for timely initiation in FY 2019 ranged from 88 percent to 93 percent and in FY 2020 from 90 percent to 96 percent through FY 2020-Q2.
- ▶ **Hotline Call Quality Assessment:** This review examines the appropriate management and quality of 10 Hotline calls per month. Its purpose is to determine whether the Hotline staff is asking relevant questions, demonstrating appropriate customer service, and accurately completing a referral summary. At the end of the assessment, the QA team makes the determination as to whether they agree with the Hotline’s decision on accepting or screening out the calls. PAQIA notifies CPS senior management of the quarterly findings. During Q3 (April-June) 2019, the QA review indicated that Hotline workers applied customer service skills 95 percent of the time (on average) throughout the duration of a call. Also, on average, the Hotline workers gathered information on the alleged victim child 86 percent of the time. Additional data included the gathering of information on the alleged maltreater (88 percent of the time, on average) and gathering safety-related information (87 percent of the time, on average). The CPS workers entering written narratives into FACES.NET included information that was consistent with information provided by the reporter 74 percent of the time (on average). Lastly, QA agreed with the Hotline supervisory screening decision 100 percent of the time.
- ▶ **Missed Visit Efforts – Parent/Worker (Monthly):** This monthly review determines whether cases are in compliance for parent-social worker visits during

⁹² As noted earlier in the APSR, CFSA discontinued the Family Assessment track as of April 1, 2019.

the first 90 days after a child's entry into care, and whether cases meet the acceptable effort threshold for a missed visit. Reviews of missed visits' efforts help to determine compliance with parent-social worker visits. The data for parent-social worker visits ranged from 50 percent to 90 percent in FY 2019 and from 65 percent to 76 percent in FY 2020 (through March 2020). Due to the decline in performance, PAQIA is now partnering more closely with the program areas to discuss the efforts made and how efforts are documented. The secondary review process includes administrators, program managers, and case-carrying supervisors. The program staff who participate are expected to bring the feedback back to their teams. In addition, PAQIA continues to send out the individual audit results to all supervisors to share with their teams and is available to attend team meetings.

- ▶ **Missed Visit Efforts – Parent/Child (Quarterly):** This quarterly review determines whether cases are in compliance for parent-child visits, and whether cases meet the acceptable effort threshold for a missed visit. The missed visit efforts audit helps to determine compliance with parent-child visits. The data for parent-child visits ranged from 78 percent to 88 percent in FY 2019 and from 74 percent to 76 percent in FY 2020 (through February 2020). The same efforts that are occurring for parent-social worker visits are also occurring for parent-child visits.
- ▶ **Four+ Audit:** The monthly audit applies to all CPS investigation referrals with a history of four or more documented reports (Four+ Eligibility) to determine whether supervisors have conducted timely and appropriate consults with their direct reports.
- ▶ **Executive Office of the Mayor (EOM) CPS Report:** This monthly report, developed on behalf of the Entry Services' deputy director, summarizes the monthly results for CPS referrals and investigation outcomes. The report tracks any changes and identifies trends.
- ▶ **Youth Transition Plan (YTP) Review:** This bi-annual review examines a year's worth of YTPs for all youth who age out of the foster care system or who will have their case closed prior to their 21st birthday. The purpose of the YTP review is to determine whether the youth completed transition planning in accordance with CFSA policy and the LaShawn Exit and Sustainability standards. The review also examines whether that planning was customized to support the youth's individual needs for growth and development, including connections to the appropriate services and resources. The last review, which occurred in FY 2019, revealed that 91 percent of eligible youth had a YTP customized to support their individual needs for development. The next review is scheduled to be held in July 2020.
- ▶ **Permanency Tracker Dashboards:** PAQIA works with the District's Office of the Chief Technology Officer and CFSA's Child Information Systems Administration to

develop a Permanency Tracker dashboard, utilizing MicroStrategy⁹³ business intelligence software that will track progress toward each positive permanency goal (reunification, guardianship and adoption). The dashboards should permit the identification and alleviation of systematic or other barriers towards progressing towards timely permanency. In FY 2020, CFSA, with technical assistance support from Chapin Hall, will help determine a measurement framework and how to best make meaning from the dashboard in a systemic manner.

- ▶ **Placement to Kin Analysis:** PAQIA conducted an analysis of all placement entries and re-entries between October 2017 and February 2019 to examine successful efforts toward placing children with kin. Based on the analysis, the time-limited work group that conducted the analysis also made recommendations for improving the kinship placement process. The analysis included (1) the number of children placed immediately with kin; (2) the number of children who had a later placement with kin; (3) placement stability with kin, regardless of whether it was their first placement or not; (4) how long it took to get children placed with kin when it was not their first placement, and (5) barriers to kinship placement as the first and best placement. The analysis found that of the 523 children who entered/re-entered foster care in FY 2018 and FY 2019 through February 11, 2019, 31 percent (n=164) of these children were initially or eventually placed with kin. Twelve percent (n=64) were placed directly with kin and an additional 19 percent (n=100) were placed with kin after first being placed in a non-kinship setting. For the children who were not placed directly with kin, it took an average of 46 days to place the children with kin. There was a high degree of stability for children placed with kin, either directly or in a subsequent placement, with 88 percent of the youth (n=145) continuing to reside in their kinship placement at the time of the analysis being completed. In addition, of the 19 children who disrupted from their kinship provider, 42 percent were immediately or eventually placed with another kinship provider. The barriers to kinship placement as the first and best placement included after hours removal (n=48), licensing regulations (n=41), identification of kin (n=22), family temporarily unavailable (n=17), family dynamics (n=17), and engagement of kin (n=16). Primary barriers included the kin's residence in Maryland (n=9), family reluctance (n=6), and kinship refusal (n=3). Multiple barriers could be identified for any case.
- ▶ **Mental Health Evaluation:** PAQIA is collaborating with the Office of Well Being (OWB) to evaluate the new Mental Health Redesign, which was launched in October

⁹³ The MicroStrategy Intelligence Platform delivers enterprise and departmental intelligence. The platform helps fix short-term problems as well as helping organizations build a foundation for long-term success. With every engagement, the platform seeks to boost user and functional adoption, accelerate time-to-value, and arm the customers with the skills, frameworks, and best practices that agencies need to become truly self-sufficient.

2018. The 18-month evaluation will measure the effectiveness of hiring in-house therapists and a psychiatric nurse practitioner to provide mental health assessments, medication management, and therapy to clients of CFSA. A draft evaluation plan is currently under review by OPPPS and OWB leadership. Approval of the plan is expected in July 2019, with implementation to begin in September 2019” (see Goal 3).

- ▶ **Repeat Maltreatment Analysis:** The repeat maltreatment performance and analysis are discussed in the Assessment of Performance Safety Outcome 1, Strategy 1.1 section.

The rate increased in FY 2018 from 11.8 percent in FY 2017 to 16 percent in FY 2018. When looking at the 212 children who first experienced a substantiation in FY 2017 with a second substantiation within the following 12 months, after the first substantiation (S1), 13 percent of children continued with the in-home case they had prior to the first referral in 2017, and 55 percent of children had a new in-home case opened following this initial referral. Two percent of children had a foster care case that was already open at the time of the initial referral, and five percent had a new foster care case opened. Twenty-five percent of the youth had no case opened after the first substantiation in FY 2017. After the second substantiation, 53 percent of youth already had an in-home case open, and 11 percent had a new in-home case opened. Six percent of youth already had an open foster care case, and 12 percent of youth had a foster care case opened after the second referral. Eighteen percent of the youth had no case opened after the second referral. In summary, 92 percent of all repeat maltreatment cases will result in an in-home case after the first occurrence of maltreatment during this time period and 77 percent will remain an in-home case after a subsequent investigation in the following 12 months. Four out of the top five allegations were the same in both the first and second substantiations: inadequate supervision, exposure to domestic violence, educational neglect, and caregiver incapacity. Medical neglect was the last allegation in the top five for the first substantiation but was not in the top five for the second substantiation, and physical abuse was not in the top five for the first substantiation but was in the top five for the second substantiation. A qualitative review was completed on the cases where the second substantiation occurred after the children were placed in foster care.

Of the families that received a second substantiation within 12 months of the first referral, 6 percent (n=12) had foster cases opened prior to the second referral. The present analysis examines the circumstances of the substantiations discovered while children were in foster care. The first and second substantiated allegations were different in 10 out of 12 cases (83 percent). The most-prevalent substantiations for S1 were physical abuse (n=4; 33 percent) and caregiver discontinues/seeks to discontinue care (n=4; 33 percent). The most-prevalent substantiation for

S2 was sexual exploitation/sex trafficking by a non-caregiver (n=4; 33 percent) The maltreater identified in the first substantiation was also identified as a maltreater in the second substantiation in half of the cases (6 out of 12).

In 8 of the 12 cases (66 percent), the second substantiation occurred while the child was in care; however, differences were observed based on the child's age. For children ages 0-5, the second substantiation occurred while the child was in care for all cases (n=3; 100 percent). The maltreater in all cases was a birth parent. In 2 of the 3 cases, the second substantiation occurred while the child was on an unsupervised visit. For children ages 6-12, the second substantiation occurred while the child was in care (1 of the 5 cases, 20 percent). The second substantiation was for sexual exploitation/sex trafficking. For youth ages 13-17, the second substantiation occurred while the child was in care (n=4; 100 percent). In 3 of the 4 cases, the second substantiation was for sexual exploitation/sex trafficking.

In 9 of the 12 cases (75 percent), an adult (e.g., birth parent or caregiver, social worker, or police officer) called in the allegations for the second substantiation. However, there were differences based on the child's age. For example, an adult called in the S2 allegations for all the cases (n=7) where the children were ages 0-5 and youth were ages 13-17. For children ages 6-12, an adult called in the S2 allegations for 2 of the 5 cases (40 percent). In the other 3 cases, the victim child reported prior abuse and/or neglect to their foster parent.

Future evaluations of repeat maltreatment will continue to account for differences by age groups with an examination of trends in substantiations, maltreaters, and allegation reporting for 0-5 years, 6-12 years, and 13+ years.

DATA QUALITY COMMITTEE

As described earlier, CFSA created the Data Quality Committee as part of an intentional commitment to ensure data quality, accuracy, and integrity.

Feedback to Stakeholders and Decision-Makers/Adjustment of Programs and Process

As discussed in the Collaboration section, CFSA provides feedback to and seeks input from stakeholders who inform adjustment of resources, programs, and practice.

Quarterly CQI Report and Facilitated Discussions

PAQIA monitors and analyzes performance data across the Agency, and partners with program areas to promote further improvement, including 1) publishing the Four Pillars Scorecard and Mayor's Performance Plan, 2) partnering with leadership and the Agency's Child Information

Systems Administration to conduct further quantitative and qualitative analyses on data as needed, 3) serving as liaison to CSSP, 4) monitoring compliance with the LaShawn exit benchmarks, 5) partnering with program areas to promote achievement and maintenance of these benchmarks, 6) compiling and validating data for submission to CSSP, and 7) keeping leadership apprised of Agency performance.

FY 2022 APSR Update

On June 1, 2021, the federal court dismissed the LaShawn A. v. Bowser class action lawsuit. As a result, CFSA is no longer under federal court oversight. The role of the Center for the Study on Social Policy will change from a monitor to that of an independent verification agent for a one-year term. As a part of the Settlement Agreement, PAQIA will prepare public performance reports for two 6-month periods – the first beginning January 1, 2021 and ending June 30, 2021 and the second beginning July 1, 2021 and ending December 31, 2021, using already agreed upon performance measures. During this year, CFSA is partnering with Chapin Hall to strengthen its performance measures that align with CFSA’s mission and vision and reflect best child welfare measurement and practice. In addition, PAQIA and CISA are working together to build internal data capacity and standardization in line with federal CFRS round 3 logic and methodology.

In 2021, CFSA established the Program Outcomes Unit to deepen analysis and reporting of program area data. The unit includes analysts who work in and represent the following administrations: Placement, Permanency, Entry Services and In-Home. The Community Partnerships Administration has a unit of data scientists who evaluate the Family First Prevention services. In contrast, PAQIA’s CQI function serves to provide system level data and to integrate the collective CQI work of the Agency and works with every administration on overall CFSA performance.

FY2022 APSR Updates

CFSA completed a deep dive analysis of specific PIP case review items in correlation with baseline year performance. While CFSA completed this analysis to help inform practice improvements, most practice improvement strategies were already in various stages of implementation to address the issues identified in this analysis that CFSA already was addressing. The analysis confirmed that CFSA is on the right track for making practice adjustments. The practice changes have been realized in Measurement Period 4, per meeting most of the items that were targeted for improvement. In addition, both CFSA’s Quality Service Reviews and Acceptable Investigation Reviews have evidenced ongoing improvement, based on evaluation results indication quality practice spanning the life of a case.

The analysis included performance evaluation results for items 1, 2, 3, 4, 5, 6, 12, 13, 14, and 15 from the measurement period of September 1, 2018 to August 31, 2019. This deep dive review examined case review practice with the intention to better understand needed improvements. The deep dive analysis incorporated the following tasks to fulfill its purpose:

- ▶ Examine the items in which the Agency did not meet the PIP adjusted goal performance between March 2018 and February 2019.
- ▶ Determine why these items were rated an area needing improvement (ANI) in the OSRI, but also identify examples of positive practice within these items.
- ▶ Summarize findings and trends that may lead to recommendations for improved practice or at least greater emphasis on existing protocols and resources.

Methodology

For each item identified for this review, a random sample was pulled from those cases with the applicable items rated as an ANI. The sample was identified at a 95 percent confidence interval and 5 percent margin of error. As a result, the following represents the sample size for each item.

For the deep dive review, a team of three reviewers examined ANI item summaries for the identified sample of cases in the CFSR Online Monitoring System (OMS). Reviewers identified any areas in practice related to the ANI rating, considered practice implications, and provided recommendations for practice improvement.

The deep dive revealed several strengths in Agency practice and highlighted several areas of concern throughout a number of items. Specifically, areas of improvement in engagement, assessment, and case planning seemed to be themes that crossed into multiple items. Summarized below are the practice recommendations within the domains of the investigation protocol, assessment and safety planning, engagement, and case planning:

Investigation Protocol

- ▶ Enhance steps that investigative social workers take to confirm addresses to initiate an investigation.
- ▶ Address steps that investigative social workers take to gain access to locked buildings.

Assessment and Safety Planning

- ▶ Meet with all applicable children, parents, and family members during visits.
- ▶ Meet with children privately during visits to appropriately assess.

- ▶ Assess children in the birth home ongoing when one of the children enters foster care.
- ▶ Create safety plans in partnership with the appropriate family and household members; monitor safety plans on an ongoing basis.

Engagement

- ▶ Support the child welfare team to engage parents who are traumatized, depressed, or angry with the system and whose emotions are reflected in noncompliance with the case plan.
- ▶ Involve and engage all fathers of children within a home when there are multiple fathers.
- ▶ Emphasize best practices for engaging incarcerated parents.
- ▶ Emphasize best practices for engaging birth parents even after the case goal has changed to adoption.
- ▶ Rely upon best practices for identifying and mitigating parents' barriers to accepting, participating, and engaging in services.
- ▶ Utilize age-appropriate approaches for engaging and assessing children.
- ▶ Implement best practices to prevent placement disruptions, focusing on engagement of difficult youth with behavior issues and involvement in other systems, such as mental health and juvenile justice.

Case Planning

- ▶ Increase the use of concurrent planning, only assigning goals when permanency options and placements have been identified.
- ▶ Ensure a cohesive teaming process between the CFSA and the court, especially concerning the establishment of goals.
- ▶ Support the child welfare team to be fully prepared and confident to defend goal recommendations in court.
- ▶ Ensure mediation occurs early in a case to prevent parties contesting and delaying a case.
- ▶ Assist children and youth to achieve a better understanding of case planning (as age appropriate).
- ▶ Ensure that efforts to monitor and support parents' engagement with services are not relaxed upon the issuance of a service referral.
- ▶ Ensure that parents are meaningfully involved in case planning and goal development by consistently engaging them in discussions of needs, services, and goal progress.

The District's deep dive analysis on the baseline year cases, integrated a CQI lens to examine practice gaps, needs and improvement. The recommendations highlight areas of improvement that were parlayed into practice change and enhancements translating into improved performance evidenced in case practice. The District made substantial progress in Measurement Period 3, meeting the following items: Item 1, Item 3, Item 4, Item 5, Item 6, and Item 12. With the conclusion of Measurement Period 3, the District needed to meet PIP Items 2, 13 and 15. With Measurement Period 4, the District has met Items 13 and 15. As of the conclusion of Measurement Period 4, of the 10 PIP items that needed to be met only Item 2 remained for the District to meet the identified PIP goal.

The District

FY 2021 APSR Updates

In addition to PAQIA's CQI function, each administration has a data analyst that works in collaboration with PAQIA and directly with the program staff. The programmatic data analyst reviews administrative and other available data to analyze it and then assists with deeper data dives to understand underlying reasons, develop theories of change, and incorporate strategies to improve.

In FY 2019, PAQIA partnered with Program Operations during the monthly meetings to engage supervisors, program managers, and administrators to enhance their abilities for becoming data-driven in management and practice. Discussions included barriers to meeting benchmarks and generating solutions. Also discussed were trends around entries and exits, engagement of clients, medical and dental appointments, and case planning. FY 2019 continued to see a decrease in the number of children in foster care, with a 5 percent decrease from September 30, 2018 to September 30, 2019. In addition, the percentage of children exiting to positive permanency (reunification, adoption or guardianship) increased from 84 percent in FY 2018 to 87 percent in FY 2019. More than one in four children aged 18+ exited to positive permanency in the fiscal year.

With the successful renegotiation of the LaShawn lawsuit to decrease the number of benchmarks from 88 to 24, and subsequent launch of the "Race to the Finish Line" process, the monthly CQI meetings became duplicative and were discontinued in early FY 2020. PAQIA continues to collaborate with the program areas in the monthly Finish Line meetings. During these meetings, data "champions", who are generally program managers from case-carrying units present their progress toward meeting the remaining benchmarks to Agency leadership. In advance of these meetings, PAQIA assists by pulling the data, updating visualizations, and

assisting in the discussion of challenges and barriers. During the meeting, the “champions” present the data and answer any questions members of the panel have.

PIP INTEGRATION AND CQI

In the development of the PIP, CFSA incorporated CFSR findings for developing strategies and action steps to improve practice. Specifically, in the areas of supervision and TPR, CFSA developed action items based on feedback loops with court partners around TPR to create a CQI system that will ensure the timely filing of a TPR. CFSR findings indicated court-related issues that impact timely achievement of permanency.

As cited above, the CFSR revealed that the District did not routinely file TPRs by 15 of 22 months. To meet the TPR federal requirement, the Office of the Attorney General developed an internal tracking system for reviewing each applicable case and ensuring that all applicable cases have a TPR filed or that the case has a documented compelling reason not to file. In addition, the assistant attorneys general and the Family Court are reminded to complete the appropriate TPR sections on court orders at all permanency hearings. PIP action steps also utilize the Family Court CQI system to review permanency hearing orders and to validate process integrity for the following circumstances:

- ▶ When orders do not meet statutory requirements, judges receive notification by email so that deficiencies can be corrected by amended order or at the next hearing.
- ▶ If the judges and hearing participants do not discuss the TPR at the first permanency hearing, then the judge will receive notification that it must be addressed by the second permanency hearing.

Relative to integration of PIP strategies into CFSA’s CQI processes, the CFSR identified Agency supervision as an ANI. In response, CFSA has incorporated the utilization of a CQI model to improve supervisory practice. The objective of the supervision-based PIP activity is to improve consistency in practice across Agency units and to infuse a clinical supervisory and critical thinking approach to practice.

CFSR findings also reported a lack of consistency in the way social workers are approaching successful engagement of families. While many of the cases reviewed showed good overall casework practice, other cases displayed a lack of fidelity to policy, procedures, training, and practice models. Supervision was not identifying or addressing the inconsistencies. CFSA intends to implement coaching support and clinical guidance for supervisors across Agency units to improve quality and consistency in practice.

Overall, CFSA has a well-functioning QA system. The Agency is committed to ensuring consistent implementation of a comprehensive Agency-wide CQI process, utilizing the Plan-Do-Study-Act (PDSA)⁹⁴ model to actively engage the Agency and stakeholders in the work of discovering problems, testing solutions and adjusting programs as needed to impact outcomes. Through PDSA implementation, CFSA will further integrate the CQI process across Agency administrations, inclusive of CFSA's contracted agency partners. To this end, CFSA continues its commitment to engaging internal and external stakeholders to identify and understand the issues, develop a theory of change, adapt or develop a solution, implement the solution and monitor the results.

FY2022 APSR Update

Once completed, the level of care review identified data quality issues with the manual monthly tracking of the family's current level of care. This tracking occurred outside the SACWIS system and was month stamped but not date stamped, which impacted the validity of the data. For example, one requirement for an intensive level of care (LOC) was documentation of a teaming meeting within 60 days of the initial case plan. In the universe of 206 families identified in the data as having an initial and intensive LOC, 82 (40 percent) of the families did not continue to have an intensive LOC when the initial case plan was developed; hence these families were excluded from the sample. Due to the concerns about the validity of the data, the In-Home Administration held a Lean event in November 2020 to discuss possible solutions for improving tracking without making major changes to the current SACWIS system prior to the development of the CCWIS system. At the conclusion of the Lean event, the team agreed to align the levels of care with the existing SDM risk assessment in FACES.NET. The team is currently in the final stages of implementing this solution. Training for In-Home staff occurred on May 24, 2021, and social workers started using the risk score to determine the family's level of services as of June 1, 2021.

FY 2021 APSR Update

Level of Care Evaluation Analysis

As a part of DC CFSR PIP, the Performance Accountability and Quality Improvement Administration (PAQIA) completed an evaluation of the Level of Care model. PAQIA utilized Tableau business intelligence software to combine all available months of the LOC tracking, and determined that of the 1,335 families with an assigned level of care during January 2018-September 2019, 206 families (n=15 percent) were reported to have intensive as their initial level of care. A randomized sample of 101 families was selected for the review. Seven team members from OPPPS and four team members from In-Home completed the review in January

⁹⁴ Plan-Do-Study-Act Cycles are evidence-based methods for testing changes, and acting on what is learned, i.e., action-oriented learning.

2020. FACES documentation was reviewed for each case to determine when the initial case plan was completed, and whether a formal or informal teaming meeting had occurred within 60 days of the initial case plan. A SurveyMonkey tool was completed for each case.

The evaluation found that, overall, there is mixed fidelity to the Level of Care Model. Seventy-six percent of the intensive families have completed the teaming meetings within 60 days of the initial case plan per the guideline. The remaining teaming meetings occurred prior to the development of the case plan (19%) or beyond the 60 days (5%). There is poor fidelity to the visitation requirements for intensive families, better fidelity to visitation requirements for intermediate families, and strong fidelity to visitation requirements for families at the graduation level (these visitation requirements mirror pre-existing expectations for in-home visitation and is therefore built into tracking tools).

Case Transfer Process Evaluation Analysis

The Performance Accountability and Quality Improvement Administration (PAQIA) reviewed FACES.net Management Report CMT408, *Cases Transferred to In-home from CPS*, for the review period to determine the universe of cases for the review. According to the monthly management reports during the review period, 1,193 cases were transferred from CPS to In-home between October 1, 2017 and September 30, 2019. A randomized sample of 169 cases was selected for the review.⁹⁵ Six team members from OPPPS and 4 team members from Entry Services completed the review in January 2020. FACES documentation was reviewed for each case to determine the following:

- ▶ If a Pre-Case Transfer Staffing was held within one day of case opening
- ▶ If Partnering Together Conference was held within three business days of the Pre-Case Transfer Staffing.

A SurveyMonkey tool was completed for each case (n=169). Sixty completed tools (36%) were randomly selected for additional peer review by a PAQIA team member for completeness and accuracy.⁹⁶ Of the 169 cases reviewed, 147 cases participated in a PCTS and/or a PTC (87%). A total of 46 cases held a PCTS only (27%), 33 cases held a PTC only (20%), and 68 cases held both a PCTS and a PTC (40%; Figure 7). Only 35 of the 169 reviewed cases (21%) completed the case transfer process with fidelity to the model (Figure 8), which requires completion of the PCTS within one

⁹⁵ The sample size for the review was calculated at a 95 percent confidence interval and a 7 percent margin of error.

⁹⁶ For qualitative reviews, a random subset of completed tools receive an additional level of review to ensure that the completed tools accurately reflect the information provided within the review's data sources. The size of the random subset pulled for quality control typically ranges from 25-35% of the total sample depending on the size of the sample and the number of data sources used for a particular review. If inconsistencies are found between the review's data sources and completed tools, additional tools may be reviewed for accuracy and completeness.

business day of case assignment to In-home and completion of the PTC within three business days of the PCTS. Neither meeting was held in 22 cases (13%).

During the 147 where a PCTS and/or a PTC was held, reasons for agency involvement (90%), recommended services & next steps (67%), and assessment results & decisions (66%) were the most-frequent discussion topics. Safety plans (29%), court involvement (13%), and transfer of care record and associated documents (4%) were the least-discussed topics.

Ninety-three percent felt that they had a chance to express their concerns during the meeting, as well as 97 percent felt included in developing solutions. In addition, when asked who had the most say in the planning and service discussion of the FTM plan, 68 percent felt that all participants had a say, 23 percent felt that family members had the most say, six percent felt that service providers had the most say, and three percent felt that CFSA had the most say.

SYSTEMIC FACTOR 4: STAFF TRAINING

OVERVIEW

CFSA's Child Welfare Training Academy (CWTA or Academy) provides child welfare professionals with initial and ongoing training that ensures an appropriate knowledge base for offering quality service to clients. In addition to understanding the Agency's policies and procedures, social workers and support workers are equipped with best practice skill sets to respond to common circumstances encountered in the field and in the office while working with children and families.

CWTA also provides pre-service and in-service training for resource parents. In-service training includes cross-training with social workers, which facilitates a mutual understanding for the quality care of in the foster care system. While CWTA's primary charge is the education of the social workers and resource parents, CWTA also offers limited training for birth parents to support their journey toward the family's identified permanency goal. All of CFSA's training fulfills the District's legal mandates for the training and licensing of social workers.

For CFSA and CFSA-contracted (private agency) case-carrying social workers and supervisors, training incorporates at least one or more of the following methods:

- ▶ CWTA Pre-Service Training: Training for new employees and supervisors is designed to provide the foundational skills necessary to perform the required duties of the new position.
- ▶ CWTA In-Service Training: Training for experienced employees is designed to develop additional skills or provide the specialized knowledge necessary to enhance an employee's current skill level.

- ▶ External Training: Training received from organizations other than CWTA trainers, including all other state or federal agencies, private consultants, or other recognized subject matter experts.⁷

For CFSA and CFSA-contract agency resource parents, training includes:

- ▶ Pre-Service Training: To orient resource parents to their roles as caregivers for CFSA's youth and children. To teach the foundational skills, knowledge, and abilities necessary to safely and efficiently care of CFSA's children and youth.
- ▶ In-Service Training: To keep resource parents up to date on policy and regulation changes. To ensure continued paraprofessional development as resource parents.
- ▶ External Training: Training received from organizations other than CWTA trainers, including all other state or federal agencies, private consultants, or other recognized subject matter experts.

Qualified training staff designs, develops, and deliver the trainings offered through CFSA's training program. Based on recognized principles of adult learning, CWTA training incorporates techniques that often include group dynamics so participants can learn from peers and colleagues, maximizing input from individual and group insights. CWTA's training curricula also integrates components of the Agency's Four Pillars Strategic Framework, the recently implemented Four Priorities (Prevention, Placement Stability, Permanence and Practice), and the Agency's revised 2018 Practice Model.

The development of CWTA curricula begins when an issue, concern, or problem needs to be addressed, or when training is needed to support agency priorities, practice or policy changes. CWTA management then determines if training a segment of the population will help solve the problem. A curriculum development team makes decisions about the target audience, intended outcomes, content, methods, and evaluation strategies. As part of the curriculum development process, CWTA engages both internal and external partners during the writing of any new course. The entire process systematically organizes what will be taught, who will be taught, and how it will be taught.

Both federal and District regulations require social workers and resource parents to receive quality training prior to providing professional services to children and families. CFSA adheres to additional training requirements based on the 2010 LaShawn Implementation and Exit Plan,⁸ which mandates the following specific guidelines:

- ▶ New social workers shall receive the required 80 hours of pre-service training through a combination of classroom and on-the-job training in assigned training units.
- ▶ New supervisors shall receive a minimum of 40 hours of pre-service training on supervision of child welfare social and family support workers within eight months of assuming supervisory responsibility.

- ▶ Previously hired workers shall annually receive a minimum of five full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies.
- ▶ Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.
- ▶ Pre-service training for resource parents occurs over five weeks of in-person classroom and online trainings.⁹
- ▶ CFSA and contract agency resource parents receive annually a minimum of 15 hours of in-service training.

In order to keep the entire training system carefully monitored, both for immediate needs and for long-range planning, CWTA regularly teams with several CFSA administrations, particularly the Child Information System Administration (CISA) for ongoing tracking and data management strategies that directly serve excellence in training. For all initial and ongoing training requirements, CFSA quantifies performance through consistent tracking and monitoring. Included in this process is regular incorporation of post-training evaluations, which helps the Academy to determine how effectively trainings address the basic skill sets and the knowledge base needed for staff to perform work.

CWTA adopted the CWLA Family Development Plan (FDP). The FDP is a tool intended to take potential resource parents beyond the pre-service preparation and assessment process to a focus on continued training and support. The purpose of the FDP is also to provide a formal and systematic means of (a) identifying development needs to improve knowledge and skills; and (b) comparing each resource parent’s needs and abilities in the fostering role against current training offerings and to determine future training needs.

Lastly, the FDP provides a roadmap to sustain and increase knowledge and skills in each of the following five competency areas:

- ▶ Protecting and nurturing children
- ▶ Meeting developmental needs, delays, and special conditions
- ▶ Supporting relationships with birth and kin through the culture lens
- ▶ Connecting children to safe, nurturing relationships intended to last a lifetime
- ▶ Working as a member of a professional team

FY 2022 APSR Update

The Resource Parent Advisory Council continues to convene quarterly to discuss upcoming training options and possible needs for new curriculum that is specifically geared towards resource parents. During FY 2021, the Resource Parent Training Advisory Council provided the

following recommendations to the Child Welfare Training Academy (CWTA) regarding training needs specific to Resource Parents and their families:

- ▶ **Recommendation:** Training course detailing CFSA involvement from the time of a child joining the resource family to reunification or other permanency.
CWTA Response: Developing the training series *Now, What? Navigating CFSA as a Resource Parent*. This will be a combined webinar and on-demand series of videos that provides resource parents with information regarding the program areas within CFSA they will likely interact with during the time a child is in their home. CWTA plans to launch the series in FY2022.
- ▶ **Recommendation:** Support to resource parents for managing stress and anxiety during the public health emergency.
CWTA Response: CWTA provided coping strategies to Resource Parents via theSOURCE newsletter, which the Agency emails to all resource parents.
- ▶ **Recommendation:** Develop an Emergency Preparedness Training and Response for resource parents as it relates to the current public health emergency and future emergencies.
CWTA Response: CWTA partnered with the Resource Parent Support Unit to ensure dissemination of COVID-related information. The information came directly from DC Government's District-wide COVID-19 information.

In FY 2021, CWTA reinstated the Internal Training Advisory Council (TAC) as an additional continuous quality improvement pathway for evaluation, information sharing, and feedback. The overarching purpose of the TAC is to bring together individuals from each CFSA and private agency administration to discuss training initiatives with the goal of ensuring Agency leadership in the training and development process. TAC membership includes direct service staff, supervisors, program managers, and program administrators, along with the CWTA team. During FY 2021, TAC provided the following recommendations to CWTA regarding training needs specific to CFSA and private agency staff:

- ▶ **Recommendation:** Training focused on customer service and professionalism in the virtual environment.
CWTA Response: CWTA will update the current training course on professional etiquette, *Your Reputation Precedes You*, and include the course on the FY 2022 training calendar.
- ▶ **Recommendation:** Verbal de-escalation training for staff.
CWTA Response: CWTA developed the *Crisis Intervention De-Escalation* training session, also in virtual format during the pandemic for staff and resource parents to learn additional techniques for verbal de-escalation.

- ▶ **Recommendation:** Training on new and updated policy and practice operations manuals.
CWTA Response: CWTA participates in policy planning and development roundtables to determine how new and updated policies are communicated across the Agency. The CWTA team is responsible for updating training sessions with relevant policies as they are finalized. Upon completion of practice manuals, CWTA develops training courses specific to the forthcoming topics, e.g., updated In-Home and Out-of-Home Practice Operations Manuals.
- ▶ **Recommendation:** Access to CWTA’s full training catalog to assist with determining which training sessions should be revisited for inclusion on the quarterly training calendars or what new sessions should be developed.
CWTA Response: CWTA has shared the FY 2022 Training Plan Matrix to TAC members. CWTA will also provide an online training catalog on the CWTA website⁹⁷ for access by all CFSA and private agency staff. The catalog is currently under review for an FY 2022 launch.

Training Curricula Updates

CWTA developed and began facilitating one new course for new hire direct service staff and three in-service trainings for ongoing staff.

- ▶ *Understanding and Addressing Secondary Traumatic Stress (STS)* provides new hires with information related to the cause and condition of secondary traumatic stress as a child welfare professional. Discussed are ways to prevent the onset of STS and to implement strategies to address the early symptoms of STS.
- ▶ *Crisis Intervention De-Escalation* is an interactive workshop style class that incorporates a trauma-informed approach to assist participants with utilizing an appropriate de-escalation intervention. Skills to be learned include application of motivational interviewing, critical thinking, documentation standards, Mandt principles,⁹⁸ trauma systems therapy tenets, social work principles, and current structured decision-making tools for encounters within the community when clients experience behavioral dysregulation.
- ▶ *Integrating Adolescent Brain Development into Child Welfare Practice with Older Youth Parts 1 and 2* provides strategies on how to more effectively work with older youth who experience the child welfare system. This training incorporates the latest research from the report “The Adolescent Brain: New Research and its Implications

⁹⁷ <https://cfsa.dc.gov/page/child-welfare-training-academy>

⁹⁸ The Mandt System’s basic principle states that dignity plus respect plus honesty equals trust. The system has trademarked the phrase: “Support people, not just their behaviors™.”

for young People transitioning from Foster Care,” developed by the Jim Casey Youth Opportunities Initiative of the Annie E. Casey Foundation.

- ▶ *Motivational Interviewing Interrater Reliability for Supervisors* is completed one time per quarter by each supervisor managing staff who utilize Motivational Interviewing (MI) in their daily function. During this training Agency supervisors are introduced to the process of completing interrater reliability assessments, reviewing rating worksheets, and completing practice ratings to ensure fidelity to the Motivational Interviewing model. During these brown bag sessions, participants integrated learning into practice by working with the rating worksheets and getting in-the-moment feedback. Following completion of this session, supervisors are directed to complete an interrater reliability assessment of a recorded social worker interview to determine how effectively the supervisor is able to determine use of motivational interviewing, both with consistent and inconsistent techniques. Supervisors’ scores are compared to the scores of the Agency’s MI experts to determine their reliability. CFSA further provides one-to-one coaching with additional resources to supervisors who do not meet the standard.

Communications

CWTA continues to utilize different forms of communication to ensure that staff and external partners (i.e., private agencies, congregate care providers, and sister agencies) are aware of CWTA’s training offerings. Communications include the continuation of theSOURCE newsletter that is developed quarterly, detailing the trainings available for resource families and all CFSA and private agency staff; training emails sent to all CFSA staff and private agency staff; and CFSA Today, a monthly newsletter for CFSA staff with Agency updates and information, which includes a link to theSOURCE newsletter.

CWTA Response to COVID-19 Pandemic

As the COVID-19 pandemic continued, CWTA also continued to provide all pre-service and in-service training sessions on virtual platforms. Further in response to the ongoing public health emergency, CWTA curated a series of listen-and-learn independent study sessions. CWTA developed these sessions using various TED Talks, YouTube videos, research articles, and knowledge checks. These sessions did not provide continuing education units for social work licensure, but both staff and resource parents were able to obtain one additional internal training hour for successful completion of each topic area.

LISTEN & LEARN SERIES – INDEPENDENT STUDIES

BIAS SERIES

- ▶ In ***How to Overcome Our Biases***, Vernā Myers highlights how biases can be dangerous, even deadly. She challenges viewers to look closely at some of the subconscious attitudes held toward out-groups, and in a humorous and impassioned way, she encourages all people to acknowledge their biases.
- ▶ Dr. Jamila Lyiscott uses the spoken word in ***Three Ways to Speak English*** to paint the picture of linguistic “play.” She follows it in ***Why English Class is Silencing Students of Color*** with an explanation of how literacy liberation supports voice and inclusion. She asks all to ponder the power of language in its ability to disrupt or uphold social injustice. This viral TED Talk speaker, spoken-word poet, and social justice education scholar makes a powerful argument that, “to honor and legitimize all students, we must, likewise, legitimize and honor all of their varied forms of written and spoken discourse, practicing ‘Liberation Literacies’ in the classroom.”

BODY LANGUAGE SERIES

- ▶ Body language affects how others see us, but it may also change how we see ourselves. Social psychologist Amy Cuddy argues that "power posing" -- standing in a posture of confidence, even when we don't feel confident -- can boost feelings of confidence and might have an impact on our chances for success. Child welfare professionals often work with individuals who feel vulnerable and disenfranchised. Modeling the skills discussed in this TED Talk, while encouraging appropriate implementation, may lead to increased self-efficacy and better personal and professional outcomes. This presentation may also empower child welfare professionals to effectively display leadership skills to facilitate the process of transitioning from the cubicle to the corner office.

CHILDREN’S SERIES

This series focuses on recognizing the long-term effects and implications of adults’ interactions with children that may be detrimental to their health and well-being.

- ▶ In ***School Suspensions are an Adult Behavior***, Dr. Rosemarie Allen talks about the epidemic of school suspensions in the U.S. and the severe downstream consequences. Adults suspend students, and while that may sound obvious, Dr. Allen realized that the problem might be the solution. When dealing with the difficult behaviors of children, she proposes an inward focus. She works passionately to ensure that children have access to high-quality early childhood programs that are developmentally and culturally appropriate.
- ▶ In ***Rethinking Challenging Kids***, Dr. Stuart Ablon will challenge the conventional wisdom about what causes challenging behavior and, as a result, what we should do to help. Drawing from research in the neurosciences, Dr. Ablon will suggest a

revolutionary way of thinking about challenging behavior and a corresponding process by which kids of all kinds can be taught skills of flexibility, frustration tolerance and problem solving. Dr. Stuart Ablon is a child psychologist who specializes in working with challenging children and their families, teachers and helpers. He serves as the Director of Think: Kids at Massachusetts General Hospital; he is also an Associate Professor at Harvard Medical School.

FAMILY SERIES

- In the ***Family Values and The Future of Our Families*** TED Talks, discussions highlight how family values and dynamics have shifted from past generations to present day. Deon Jones and George Carey will explore some of the historical family dynamics and beliefs while exploring how and if they are still relevant today. Further discussion will review how for the past 10,000 years, the parent-child balance of power has been hierarchical with the moms and dads making most decision and kids following their lead. Conversely, research has shown that over the last 10 years, a new generation of Millennial parents have replaced the family hierarchy with a family web that weaves in family dynamics.

RACISM AND WELLBEING SERIES

David R. Williams and Miriam Zoila Pérez use the TED Talk platform to explore how racism across various sectors is making people physically and emotionally sick.

- ▶ In ***How Racism Makes Us Sick***, David R. Williams developed a scale to measure the impact of discrimination on well-being, going beyond traditional measures like income and education to reveal how factors like implicit bias, residential segregation and negative stereotypes create and sustain inequality. In this eye-opening talk, Williams presents evidence for how racism is producing a rigged system. Williams also offers hopeful examples of programs across the US that are working to dismantle discrimination.
- ▶ In ***How Racism Harms Pregnant Women – And What Can Help***, Miriam Zoila Pérez investigates how race and gender affect health, and she highlights the people and programs who create space for healing. This doula-turned-journalist explores the relationship between race, class and illness, and tells us about a radically compassionate prenatal care program that can buffer pregnant women from the stress that people of color face every day. No CEUs are being granted for this session.

TRAUMA SERIES

Trauma is impactful whether experienced directly or indirectly. These TED Talk sessions presented by Amy Cunningham and Dr. John Rigg explore how trauma physiologically impacts the brain and is manifested in the body. Both speakers offer supportive strategies and guidance on identifying how stress shows up, and ways of addressing catabolic response triggers, compassion fatigue, and burn-out.

- ▶ As employees of CFSA, we must learn to recognize the signs of compassion fatigue. Regardless of how long any of us have been in the field of child welfare, we might experience this condition. We can each ask ourselves...am I experiencing a gradual lessening of compassion over time? Watch this TEDx Talk where Amy Cunningham helps us to see if we are drowning in empathy and could benefit from grabbing hold of a life preserver.
- ▶ In *The Effect of Trauma*, Dr. John Rigg has observed how the brain is constantly reacting to sensory information, generating non-thinking reactions before our intelligent individual human brains are able to process the event and formulate a self-driven response. Learn more about this experience and how trauma re-wires these responses.

VULNERABILITY & SHAME

Dr. Brené Brown studies human connection – the ability to empathize, belong, and love one another and ourselves.

- ▶ In a poignant, funny talk at TEDx Houston, entitled, *The Power of Vulnerability*, Dr. Brown shares a deep insight from her research, one that sent her on a personal quest to know herself as well as to understand humanity. This Ted Talk encourages us to think about the families we serve and the concept of being vulnerable, authentic, and genuine. As we seek to be authentic and genuine as social workers, we will see a change in the interactions with the children and families that we serve.
- ▶ Shame is an unspoken epidemic, the secret behind many forms of broken behavior. Dr. Brené Brown, whose earlier talk on vulnerability became a viral hit, explores what can happen when people confront their shame head-on. In *Listening to Shame*, her own humor, humanity, and vulnerability shine through every word. Watching this will inspire us to think about the children and families that we serve. How many of them may experience feelings of shame and how does shame impact our ability to serve? As we become more conscious of how our clients are thinking and feeling, we will be able to develop strategies for engagement that can prove to be more effective.

FY 2021 APSR Update

The Child Welfare Training Academy (CWTA) provides both pre-service and in-service training for Agency and private agency staff and resource parents. Training methods continue to include pre-service training, in-service training, and external trainings.

Training Curricula Updates

Family First Implementation

In alignment with the Agency's submission of the Family First Prevention Plan, CWTA developed a certificate-based training and began facilitating Motivational Interviewing (MI) courses for direct service staff and supervisors. The two-day training focuses on the principles and skills of the client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors. Additionally, supervisors attend a one day session focused on the utilization of the Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP). This assessment supports clinical supervision and enhancing motivational interviewing skills for direct practice social workers. CWTA also held several supervisor brown bag sessions to review the assessment tool and key concepts of the MI curriculum with the goal to enhance fidelity to completion of the assessment tool. The Agency's goal is to integrate Motivational Interviewing as a practice standard for CFSA's direct service staff.

CWTA developed a Family First Prevention Services training for Collaborative workers. This course helps to aid in performing the critical role of assessing families of the District of Columbia for danger and risk. During the training Collaborative workers also review mandated reporting requirements and gain a deeper understanding of how to determine when reports of abuse or neglect should be made to the Hotline.

As of June 23, 2020, CWTA has trained 420 direct service staff and Collaborative personnel on MI. In addition, CWTA has trained 53 supervisory staff (CFSA and Collaborative) on how to assess for fidelity in MI.

In addition to MI training, CWTA developed, updated or incorporated "training of trainers" sessions for the following courses:

- ▶ Be Strong Parenting
- ▶ Motivational Interviewing
- ▶ COVID-19 Trainings (TED Talks/Independent Studies)
- ▶ Mental Health Diagnosis in Adults
- ▶ Grief and Loss class update
- ▶ Transracial Parenting

- ▶ Parenting Specialized Populations
- ▶ Developed 6-7 Kinship workshops
- ▶ Advocacy and Child Welfare Workshop
- ▶ Lifebooks and Memory Making
- ▶ Impact on Social Media on Child Development

Resource Parent Trainings

- ▶ Based on a continuous quality improvement process and in an effort to ensure that the unique training needs of new and experienced resource parents are met, CWTA has created the Resource Parent Learning and Development program. The program includes a tiered approach to training in conjunction with a learning and development assessment called the “family development plan” (FDP). For more information, read the document, Plan.
- ▶ Tiered Approach to Resource Development located in the APSR submission of the Training Plan. This tiered approach to training was developed in response to new resource parents expressing the need for training that provided a clear step-by-step process of what to expect as a new CFSA resource parent. In addition, veteran resource parents expressed concern for not being clear on which training would best support their role. Collectively, resource parents and CWTA set out to develop a clear process for training which included a means to build on current knowledge and to support continual development.

Prior to its launch, CFSA sought resource parents’ reactions and feedback by presenting the tiered approach document to the Agency’s Parent Advisory Council (PAC) and the community partners from the Foster and Adoptive Parent Advocacy Center (FAPAC).

The following four tiers introduce resource parents to the core competencies of being a resource for CFSA children and families:

- Tier 1: Pre-service Training
- Tier 2: Core Training
- Tier 3: Training for the Experienced Resource Parent
- Tier 4: Specialized Training

The competencies are from the work of the nationally recognized Child Welfare League of America as introduced in the New Generations PRIDE Model of Practice. The New Generation

PRIDE Model of Practice is designed to teach knowledge and skills in five essential competency categories for resource parents:

1. Protecting and nurturing children.
2. Meeting children's developmental needs and addressing developmental delays.
3. Supporting relationships between children and their families.
4. Connecting children to safe, nurturing relationships intended to last a lifetime.
5. Working as a member of a professional team.

These five categories of competence reach beyond pre-service training and are also integrated into recruitment, orientation, in-service training, and follow-up supports (i.e., the resource parent support worker and relicensing worker). The New Generation Pride Model of Practice is a 14-step process to develop and support resource families from recruitment through relicensing. This model of practice informs the preparation and support of resource parents by addressing the following Agency practices:

1. **PLANNING:** *What is the role that resource parents fulfill for accomplishing the Agency's vision and mission?* The planning phase is recruitment-focused, i.e., recruiting families with a specific focus on this role.
2. **DEVELOPING:** *How does the Agency prepare resource parents to build effective engagement and communication skills for authentic relationships with birth parents and Agency staff?* The developing phase focuses on pre-service training, licensing, and a mutual assessment of the prospective resource family's readiness to partner with the child welfare system for the care of children.
3. **SUPPORTING:** *What supports are necessary to maintain effective resource homes that continue to increase competence?* The support function is purposed to help resource families learn and grow through ongoing support, continued training and expansion of knowledge, skills, and abilities. Foster parent support workers are especially trained to reinforce the supporting phase.

CWTA also offers prospective and current resource parents free on-line training via a contract with FosterParentCollege.com, which provides interactive multimedia training courses for adoptive, kinship and foster parents on many relevant topics. This provides CFSA and partner agency resource parents access to a wide array of online training that can be accessed from their homes at any time of day.

Resource Parent Training Advisory Council

The Resource Parent Advisory Council was developed to ensure that CWTA provides a “living curricula” that expands and modifies to respond to resource parent training needs. The council convenes quarterly to discuss upcoming training options and any needs for new curriculum that is specifically geared towards resource parents. The advisory council is made up of new and seasoned resource parents who have expressed interest in participation. The advisory council meetings provide the Agency’s resource parents and CWTA staff an opportunity to partner together to evaluate the resource parent curricula. The first meeting was held on April 1, 2020. For more information, read the document Resource Parent Training Advisory Council located in the APSR Training Plan submission.

Foster Parent Training Regulation Act of 2018

In December 2018, the DC Council passed legislation called the Foster Parent Training Regulation Act of 2018. These updates mandate specialized training for resource parents when a child joins their family with any one of the following criteria:

- ▶ Is self-identifying as LGBTQ
- ▶ Is a victim of sex trafficking, as that term is defined in the Trafficking Victims Protection Act of 2000
- ▶ Is a child with a disability
- ▶ Is pregnant or a parent
- ▶ Has a history of violent behavior
- ▶ Is 16 years of age or older

In support of this legislation, CWTA developed a six-hour Parenting Specialized Populations course. This course complements a number of existing courses that address issues outlined in the legislation. The course provides resource parents with information on how to ensure the safety, permanency, and well-being of children in foster care who have been identified as part of a specialized population (per the Foster Parent Training Regulation Amendment Act of 2018). Participants receive information regarding the unique development needs, parenting practice, and ways to best support these children.

Per the Act, within 45 days of identifying the need for specialized training, CFSA notifies the resource parent of the requirement to complete specialized training. The Agency also determines the appropriate training course and helps the resource parent as needed to complete the appropriate training course. This process begins with the Placement Administration notifying the assigned resource parent support worker (RPSW) of the resource parent who cares for a child with specialized needs. The RPSW will then notify the resource parent of the required training and timeframes. Together, the RPSW and the resource parent

work to ensure the training is completed appropriately. A resource parent's prior specialized training will count toward the requirement if the training was completed within four months prior to CFSA's notification. Specialized training is also accepted if completed one year prior to the resource parent's re-licensure date.

Communication

CFSA and Private Agency Staff: CWTA ensures that staff and external partners (i.e., private agencies, congregate care providers, and sister agencies) are aware of CWTA's training offerings. CWTA uses email training advertisements to inform staff about training courses, events and sessions.

Resource Parents: In similar fashion to training for case-carrying social workers and other staff, CWTA ensures that resource parents are aware of CWTA's training offerings.

1. *theSOURCE*, CWTA's quarterly newsletter, provides a list of all training courses available to resource parents along with a list of online training options. This newsletter is distributed by postal mail and electronic mail.
2. RPSWs provide information during home visits regarding training courses and options.
3. The Agency's resource parent newsletter, *Fostering Connections*, also provides information regarding new and upcoming training opportunities.

CWTA Response to COVID-19 Pandemic

During the COVID-19 pandemic, CWTA has shifted all pre-service and in-service training sessions to virtual platforms. Pre-service training sessions for direct service staff are offered via Microsoft Teams. In-service training for direct service staff is offered via WebEx. All pre-service training and in-service training sessions for resource parents is offered via WebEx.

To accommodate the virtual platforms, CWTA trainers reorganized course content to include independent study as a part of the live online training sessions. For potential resource parents, CWTA contacts the individuals prior to the start of the session to determine their ability to connect to the training session with both video and microphone.

As part of CWTA's virtual training redesign, the CWTA trainers have also developed knowledge checks for each pre-service and in-service virtual training session. These knowledge checks are provided via a third-party application immediately following virtual training sessions. Each knowledge check contains between 10-15 questions related to the training offered. The checks ensure participants are obtaining and retaining necessary information. The checks also verify attendance. Participants must score a minimum of 80 percent on the knowledge checks in order to receive their certification of completion and continuing education units.

PERFORMANCE

In 2016, the federal Children’s Bureau partnered with CFSA to conduct the Child and Family Service Review (CFSR). Based on the CFSR results, and CFSA’s Statewide Assessment, CFSA received a strength rating for the Initial Staff Training, Ongoing Staff Training, and Foster and Adoptive Parent Training indicators. The CFSR found CFSA to be in substantial conformity for staff and provider training. CFSA continues to strive to maintain substantial conformity in this area.

To measure CFSA’s capacity to achieve excellence in training, the Agency relies on several practice benchmarks, including pre-service and in-service training. The benchmark for pre-service training hours of direct service staff and supervisors is 90 percent. The benchmark for pre-service training hours of resource parents is 95 percent.

During the period of July 2017 – June 2018, 84 percent (n=41) of applicable direct service staff completed the required 80 pre-service training hours. For the same time period, of the direct service supervisors that required pre-service training, 100 percent (n=13) completed the required 40 hours. During calendar year 2018, there were 139 CFSA and contracted agency resource parents licensed. Eighty-six percent (n=120) completed the required 30 pre-service training hours.

To measure completion of in-service training hours, the benchmark is 80 percent for both direct service staff and supervisors. The benchmark for in-service training hours of resource parents is 95 percent.

For the period of July 2017 – June 2018, 88 percent (n=211) of applicable direct service staff completed the required 30 in-service hours. For the same time period, 91 percent (n=67) of the direct service supervisors completed the required 24 in-service hours. During calendar year 2018, there were 309 CFSA and contracted agency resource homes. Fifty-four percent (n=168) completed the required 15 hours of in-service training for a one-year license and 30 hours of in-service training for a two-year license.

Feedback

As mentioned earlier, CWTA receives post-training evaluations in the form of an online survey sent to class participants immediately after the conclusion of the training session. Questions range from the overall quality of the training to whether trainees experienced improved understanding of the subject matter. Trainees also respond to whether the learning activities promoted skill building for them. Survey questions include how knowledgeable trainers are on subject matters, the effectiveness of training styles, open-ended questions for participants to suggest changes, improvements, and suggestions for specific training topics in the future.

For the time period of February 28, 2019 to April 9, 2019, there were approximately 25 pre-service and in-service trainings conducted for staff. Post-training evaluations for this time period

totaled 136 completed surveys. Of the responding trainees, 64 percent were social workers and 13 percent were social work supervisors.¹²

Developing the Child and Family Services Plan (CFSP) included engagement of staff from CFSA's Office of Entry Services and the Program Operations' Permanency Administration, including social workers, supervisors and managers. Staff completed surveys in May 2019 regarding the Agency's work in the areas of CFSP's outcomes and systemic factors.

Entry Services staff, which includes Child Protective Services (CPS) staff, consisted of 31 respondents. CFSA's Office of Planning, Policy, and Program Support (OPPPS) collected the following information in regard to pre-service and in-service training:

- ▶ 67 percent of respondents reported that initial trainings supported their case management activities; 30 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management.
- ▶ 80 percent of respondents reported that ongoing trainings supported their case management activities; 20 percent responded in the negative.

Program Operations staff, which includes Permanency staff, consisted of 13 respondents. OPPPS collected the following information from these staff members in regard to pre-service and in-service training:

- ▶ 25 percent of respondents reported that initial trainings supported their case management activities; 33 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management.
- ▶ 50 percent of respondents reported that ongoing trainings supported their case management activities; 42 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management.

As part of the Agency's annual Needs Assessment development process, OPPPS surveyed 199 child welfare professionals in May 2019 to determine satisfaction regarding various areas of Agency practice, including training. CFSA staff, including direct service supervisors, had access to 121 surveys. There were 44 respondents to the specific training-related question, "What training topics, if any, would you suggest to enhance the support provided to children and families in the District?" Some responses included effective court writing, dealing with challenging behaviors, cultural competency, coaching parents for careers or vocation, and working with parents diagnosed with cognitive delays. In addition, there were 63 resource parents surveyed for the Needs Assessment. There were 22 respondents to the training related question, "What training topics, if any, would you suggest to enhance the support provided to children and families in the District?" Some responses included coping with death and loss for youth, dealing with mental health needs for resource parents, specialized training on dealing with runaways and challenging or trauma-related behaviors of youth, and parent 101 classes for resource parents specifically for infants (e.g., feeding, sleeping, child development).

MAINTAINING SUBSTANTIAL CONFORMITY

Performance data discussed earlier in this section show that CFSA was not able to meet the benchmark for pre-service for direct service staff as well as pre-service and in-service for foster and adoptive parents. However, in all other areas, including pre-service for supervisors and in-service for direct service staff and supervisors, CFSA met and surpassed the benchmark.

Collectively, Needs Assessment feedback from internal and external stakeholders was mainly positive and indicated that there are numerous strengths within the training program. Training participants found trainers to be knowledgeable and the majority of trainings informative with good material. Participants also reported receiving insight on how to work effectively with families and resource parents; they felt able to take the concepts from training and apply it to the work they do.

Some feedback indicated concerns that training does not accurately reflect current practice, and that policy in general needs to be clear for staff and management. Additional feedback addressed the benefits of more field training versus classroom training, i.e., there seems to be a heavier emphasis on textbook learning versus real life learning. Some participants reported that training materials need to be updated to reflect changes in practice, client population, and larger societal concerns.

FY 2022 APSR Update

The Agency's benchmark is 90 percent for newly hired direct service staff to complete their required 80 hours of pre-service training. During the period of July 2019 – June 2020, 100 percent (n=55) of applicable direct service staff completed the required 80 pre-service training hours, an 11 percentage-point increase from the prior year.⁹⁹

The Agency's benchmark is also 90 percent for newly hired supervisors to complete their 40 pre-service hours, allowing completion within 8 months after assuming supervisory responsibility. For the same time period of July 2019 – June 2020, 90 percent (n=18) of the direct service supervisors completed the required 40 pre-service training hours. This percent is a 10 percentage-point decrease from the prior year.¹⁰⁰

The District standard is 95 percent for resource parents completing a minimum of 30 pre-service hours. During calendar year 2020, there were 130 CFSA and CFSA-contracted agency resource parents licensed. Eighty-five percent (n=111) completed the required 30 pre-service training hours, a 4 percentage-point decrease from the prior year.¹⁰¹ Final performance was 95%. Our records reflect that in 111/117 homes the foster parents received 30+ hours of pre-service training prior to licensure.

⁹⁹ FACES Report TRN030

¹⁰⁰ FACES Report TRN032

¹⁰¹ FACES Report TRN008

For completion of direct service staff annual in-service training, the Agency benchmark is 80 percent. Between July 2019 and June 2020, 77 percent (n=178) of applicable direct service staff completed the required 30 in-service hours, which was a 13 percentage-point decrease from the prior year.¹⁰² In June 2021, CFSA exceeded the benchmark for in-service training with the performance benchmark for staff (82.66%) and supervisors (93.15%).

The Agency's benchmark is also 80 percent for supervisors, program managers, and administrators with casework responsibility to complete their annual in-service training. For the same time period of July 2019 to June 2020, 95 percent (n=66) of the direct service supervisors, program managers, and administrators completed the required 24 in-service hours, which was a 5 percentage-point increase from the prior year.¹⁰³

For resource parents' in-service hours for license renewal, the Agency benchmark is 95 percent. During calendar year 2020, there 357 CFSA and contracted agency resource homes. Ninety-nine percent (n=356) completed the required 15 hours of in-service training for a 1-year license and 30 hours of in-service training for a 2-year license, which was a 14 percentage-point increase from the prior year.¹⁰⁴

Performance data shows that CFSA was not able to meet the 90 percent benchmark for pre-service hours for foster and adoptive parents, nor the 80 percent benchmark for direct service staff in-service hours. The Agency was able to meet the benchmark for direct service staff and supervisors for pre-service hours, as well as in-service hours for direct service staff, supervisors, and resource parents.

To support direct service staff in meeting the Agency benchmark for in-service training, CWTA has been providing detailed quarterly reports to CFSA program administrators outlining course registration, attendance, and completion for each of their program areas. CWTA will also continue to accept external training hours from social workers who are aligned with CFSA's mission and goal. Additionally, CWTA will continue to identify and develop relevant independent study material, webinars, and additional training to support continued professional development. Support includes a sufficient amount of learning and development opportunities for the Agency's direct service team. In addition, the program areas complete training plans with their staff to better monitor training hours and ensure their staff receive the staff development support needed.

¹⁰² FACES Report TRN031

¹⁰³ FACES Report TRN033

¹⁰⁴ FACES Report TRN009

CWTA continues to measure participant reactions to trainings. Post-training evaluations for pre-service trainings held between March 31, 2020 to March 31, 2021 had a total of 464 respondents. Of the 464 respondents, 66 percent (n=308) identified themselves as social workers while 7 percent (n=36) identified themselves as social work supervisors, program managers, or administrators. Additionally, for those that identified their administration, the majority of respondents were from Permanency (n=189) and Entry Services (n=107). Of the responses, 90 percent of respondents stated that their training was conducted virtually.

The following tables provide information about the evaluation responses.

The course content was practical and easy to apply (n=383).	
Strongly Agree	60.31%
Agree	36.03%
Neither Agree nor Disagree	2.87%
Disagree	0.78%
Strongly Disagree	0%
This course content was relevant to my needs (n=383).	
Strongly Agree	71.80%
Agree	27.42%
Neither Agree nor Disagree	0.78%
Disagree	0%
Strongly Disagree	0%
How would you rate the overall quality of the training (n=383)?	
Excellent	69.45%
Above Average	21.15%
Average	8.62%
Below Average	0.78%
Very Poor	0%

Post-training evaluations for in-service trainings held between March 31, 2020 to March 31, 2021 had a total of 327 respondents. Of the 327 respondents, 48 percent (n=157) identified themselves as social workers, 20 percent (n=67) identified themselves as social work supervisors, program managers, administrators, or executive team leaders. Additionally, for those who identified their administration, the majority of respondents were from Permanency

(n=128) and Entry Services (n=120). Of the responses, 99 percent of respondents stated that their training was conducted virtually.

The following tables provide information about the evaluation responses.

The course content was practical and easy to apply (n=306).	
Strongly Agree	56.86%
Agree	38.89%
Neither Agree nor Disagree	2.94%
Disagree	0.65%
Strongly Disagree	0.65%
This course content was relevant to my needs (n=306).	
Strongly Agree	69.61%
Agree	27.45%
Neither Agree nor Disagree	1.96%
Disagree	0.65%
Strongly Disagree	0.33%
How would you rate the overall quality of the training? (n=306)	
Excellent	63.73%
Above Average	24.51%
Average	10.13%
Below Average	1.63%
Very Poor	0%

Based on post-training evaluations, participants mostly found trainings to be clear to understand, practical, and easy to apply. Participants overall felt the quality of the instructor’s delivery and the quality of training were both superior.

FY 2021 APSR Update

The Agency’s benchmark for newly hired direct service staff to complete their required 80 hours of pre-service training is 90 percent. During the period of July 2018 – June 2019, 89 percent (n=57) of applicable direct service staff completed the required 80 pre-service training hours. This is a five-point increase from the prior year.¹⁰⁵

¹⁰⁵ FACES Report TRN030

The Agency's benchmark for newly hired supervisors to complete their 40 pre-service hours is also 90 percent, allowing completion within eight months after assuming supervisory responsibility. For the same time period of July 2018 – June 2019, 100 percent (n=10) of the direct service supervisors completed the required 40 pre-service training hours. This percent is consistent with 100 percent for 2017 – 2018.¹⁰⁶

The District standard is 95 percent for resource parents completing a minimum of 30 pre-service hours. During calendar year 2019, there were 133 CFSA and contracted agency resource parents licensed. Eighty-nine percent (n=119) completed the required 30 pre-service training hours. This is a three-point increase from the prior year.¹⁰⁷

For completion of direct service staff annual in-service training, the Agency benchmark is 80 percent. Between July 2018 and June 2019, 90 percent (n=208) of applicable direct service staff completed the required 30 in-service hours. This is a two-point increase from the prior year.¹⁰⁸

The Agency's benchmark is also 80 percent for supervisors, program managers, and administrators with casework responsibility to complete their annual in-service training. For the same time period of July 2018 to June 2019, 90 percent (n=64) of the direct service supervisors, program managers, and administrators completed the required 24 in-service hours. This is a one-point decrease from the prior year.¹⁰⁹

For resource parents' in-service hours for license renewal, the Agency benchmark is 95 percent. During calendar year 2019, there were 293 CFSA and contracted agency resource homes. Eighty-five percent (n=251) completed the required 15 hours of in-service training for a one-year license and 30 hours of in-service training for a two-year license. This is a thirty-one-point increase from the prior year.¹¹⁰

Performance data shows that CFSA was not able to meet the benchmark for direct service staff pre-service hours, or pre-service and in-service hours for foster and adoptive parents. The Agency was able to meet the benchmark for in-service hours for direct service staff, supervisors and resource parents.

One of CWTA's goals is to measure participant reactions to the training program. The Post-Module Training Evaluation is a reactionary evaluation that assesses how the participants felt, and their personal reactions to the training and learning experience. The CWTA evaluation

¹⁰⁶ FACES Report TRN032

¹⁰⁷ FACES Report TRN008

¹⁰⁸ FACES Report TRN031

¹⁰⁹ FACES Report TRN033

¹¹⁰ FACES Report TRN009

process utilizes the Kirkpatrick model¹¹¹ of evaluation in conjunction with Likert¹¹² scaling to determine how effectively on-going trainings address the basic skills and knowledge needed by staff to prepare them to carry out their duties. There are also 6/12 Month Post-Course Evaluations to measure the impact of participation on the attendee’s professional development. More specifically, the 6/12 Month Post-Course evaluation is an objective summary of quantitative and qualitative data on the effectiveness of training. The training evaluation data helps CWTA inform its stakeholders as to whether training and subsequent reinforcement is accomplishing its goals and contributing to the Agency’s mission. It also helps determine how to adjust the training and other interventions for greater effectiveness.

Post-training evaluations for pre-service trainings during the time period of May 1, 2019 to May 5, 2020 had a total of 110 respondents. Of the responding 63 trainees that identified themselves, 36 identified as social workers and three identified as social work supervisors, program managers, or administrators. The majority of respondents that identified their administration included 23 percent from Entry Services (Child Protection Services) and 17 percent from the Permanency Administration (Foster Care and Adoption).

The following tables provide information about the evaluation responses.

How was this course delivered?	
In-Person Session	47.96%
MS-Teams Meeting	39.80%
Web-Ex (Live)	12.24%
The course content was practical and easy to apply.	
Strongly Agree	56%
Agree	44%
Neither Agree nor Disagree	0%
Disagree	0%
Strongly Disagree	0%
This course content was relevant to my needs.	
Strongly Agree	76%
Agree	24%

¹¹¹ The Kirkpatrick Four-Level Training Evaluation Model helps trainers to measure the effectiveness of their training in an objective way.

¹¹² Likert Scale is the most widely used approach to scaling responses in survey research.

Neither Agree or Disagree	0%
Disagree	0%
Strongly Disagree	0%
How would you rate the overall quality of the training?	
Excellent	86%
Above Average	12%
Average	2%
Below Average	0%
Very Poor	0%

Post-training evaluations for in-service trainings during this time period totaled 194 respondents. Of the responding 105 trainees that identified themselves, 58 identified as social workers and 23 identified as social work supervisors, program managers, or administrators. The majority of respondents that identified their administration included 26 percent from the Permanency Administration (Foster Care and Adoption) and 20 percent from Entry Services (Child Protection Services).

The following tables provide information about the evaluation responses.

How was this course delivered?	
In-Person Session	47.37%
MS-Teams Meeting	3.68%
Web-Ex (Live)	48.95%
The course content was practical and easy to apply.	
Strongly Agree	45.36%
Agree	47.24%
Neither Agree or Disagree	4.12%
Disagree	2.06%
Strongly Disagree	1.03%
This course content was relevant to my needs.	
Strongly Agree	65.98%
Agree	29.90%
Neither Agree or Disagree	3.09%

Disagree	1.03%
Strongly Disagree	0%
How would you rate the overall quality of the training?	
Excellent	52.58%
Above Average	25.77%
Average	15.46%
Below Average	6.19%
Very Poor	0%

Based on post-training evaluations, participants found trainings clear to understand, practical, and easy to apply. Participants felt that instructors were knowledgeable of the material and provided the training in a way that reinforced learning in the moment.

FY 2022 APSR Update

In order to close the feedback loop on training needs, strengths, and areas in need of improvement, OPPPS held a debriefing session in the Fall of 2020 to discuss CWTA's next steps in response to the concerns expressed by stakeholders. The debriefing session elevated only those themes that were mentioned across stakeholders or repeated from the previous year.

Stakeholder Feedback: Training for social workers on court preparation is needed specifically in advance of court attendance, ensuring accuracy of documentation through engagement in paperwork, effective testimony, and court writing.

- **CFSA Response:** The Agency recognizes a disconnect exists between management and staff. When identifying practice concerns, leadership needs to examine more deeply how program managers guide their supervisors and how supervisors guide their staff. In addition to the disconnect between management and staff, it is possible that there is another disconnect between CWTA classroom training and the applied professional training (APT). Although both Entry Services and the Permanency Administration incorporate APT, the Agency needs to understand more clearly how different administrations' program managers address practice concerns observed with APT trainees.
 - **Action Step #1:** Continue to produce the on-demand courses as needed and remind ongoing staff and management that CWTA refresher courses may be requested or accessed if managers identify challenges among individuals or their entire unit.

- **Action Step #2:** CWTA will work more closely with the APT trainees and their managers to receive a clear curriculum of what is being taught for infield training in light of what is taught through CWTA pre-service and ongoing training. CWTA will work with APT trainees on offering ongoing refreshers for new staff who may receive APT for 4-6 weeks or longer if their individual practice needs to be strengthened.

Stakeholder Feedback: Training on cultural competence and transracial parenting is needed, specifically sensitivity training for understanding the culture of youth and stigma of youth in foster care. Examples from respondents included how to process Black Lives Matter as a white guardian for a black teen, how to parent a youth from a more urban community, and how to understand implicit bias.

- **CFSA Response:** OPPPS' staff experts on cultural competence will present on cultural humility during management meetings and offer the same information to staff. In addition, CWTA will offer courses on racial equity and cultural humility. These courses will be offered both to staff and to resource parents.
 - **Action Step #1:** Identify collaborative efforts or other ways needed to boost the knowledge of course offerings around topics requested, such as transracial parenting. The first phase of transracial parenting training was offered to resource parents, but attendance was low even with advertisement. More resource parent support is required to understand if the training addresses the need. *CWTA hosted a two-day transracial caregiving training in October 2020.*

Stakeholder Feedback: Training on digital security is needed, specifically in a world of bullying and trafficking, and including training on how to talk about digital health and dangers to youth who have computers and cell phones.

- **CFSA Response:** CWTA has a new training called *Social Media and Child Development*. The course discusses the importance of parental protections and the dangers of social media and sex trafficking.
 - **Action Step #1:** The *Social Media and Child Development* training was designed to be a classroom training and was offered between Nov – Dec 2020. However, CWTA is considering how it can be offered virtually for resource parents.

Stakeholder Feedback: Training on education advocacy is needed, specifically on how to advocate for educational needs when birth parents' rights are intact. Respondents also wanted to understand individualized education plans (IEPs), and receive a training series on special education, school choice and school discipline.

- **CFSA Response:** There is a training available that CWTA worked with OWB to create around education advocacy. The training may need enhancements based on the feedback.
 - **Action Step #1:** CWTA is updating the existing *Educational Advocacy* training to include a discussion around IEPs and 504 plans for children with a disability as defined under the law. CWTA will also fold the training into the *Now What* series, which explains what resource parents may expect within the first 6 months of licensing.

Stakeholder Feedback: Training on engagement of birth and resource parents is needed, specifically on the following topics: developing patience and working with co-parents, fathers, and mothers who may not be compliant with or who are angry with the case planning process; understanding roles during protective supervision; and including resource parents at decision points throughout the placement and case planning process (e.g., FTMs, respite decisions, language of system, court, and real foster care experience).

- **CFSA Response:** There is a shared parenting training for birth and resource parents as well as an engaging birth parent training for social workers. There is no training on engaging resource parents. The rationale for this omission is the difference between teaming and engagement, i.e., teaming applies to work with resource parents (who are presumably already engaged by virtue of their roles as resource parents) while engagement applies to successfully working with birth parents, who may often need encouragement to participate in necessary services to effect stabilization and when applicable, reunification. However, feedback indicates that this view is not widely held throughout the Agency and may need to be reconsidered for training purposes to ensure that the social work, clinical, and court teams recognize engagement as an across-the-board practice applied to youth, birth parents and resource parents.
 - **Action Step #1:** Identify what is needed to develop or create a training component for social workers on the engagement of resource parents. Identify co-facilitators (i.e., resource parents) to inform this conversation in FY 2021. Marketing for the shared parenting training to birth parents can be improved as well.

Stakeholder Feedback: Training on life skills is needed, specifically on topics of applying for a job, obtaining community service hours, filing taxes, completing W2 forms, gaining financial literacy skills (as well as financial planning skills), parenting, maintaining health and hygiene, self-regulating and self-discipline, understanding nutrition, practicing conflict resolution, familiarizing oneself with legal rights, complying with medication management needs, planning for college, practicing healthy sexual behaviors, and recognizing gender identity (LGBTQ).

- **CFSA Response:** This request applies to the Office of Youth Empowerment (OYE). The assigned OYE specialist should be providing these services or contracting with providers who offer these services. YVLifeset should also support part of this request.
 - **Action Step #1:** Considering the utility of some life skills services, OPPPS will inquire how resource parents and youth (in both congregate and foster homes) are currently receiving life skills and who is providing the training? Are there any virtual life skills trainings occurring when life skills are indicated in the YTP? How is the resource parent integrated into ensuring the youth receives the needed life skills indicated in the youth's YTP? Are life skills classes voluntary and, if so, how are we ensuring all youth under CFSA's care are made aware of what is available whenever a life skill is assessed as a need? Are existing services covering what is requested through feedback?
 - **Action Step #2:** CWTA's *Now What* series has been available since Fall of 2020 and now includes OYE and OYE service information.

Stakeholder Feedback: Training on "parenting 101" is needed, specifically on topics related to handling children with special needs (autism, intellectual or learning disabilities, etc.); dealing with challenging behaviors (e.g., dual jacketed youth, behavioral diagnoses) and services for these populations; learning crisis intervention and de-escalation techniques and accessing services; dealing with sex trafficking and domestic violence; managing trauma and secondary trauma (for social workers).

- **CFSA Response:** CWTA has a few trainings on some of the aforementioned needs: MANDT training (a 2-day training that focuses on how to support people and not just their behaviors using verbal de-escalation techniques), secondary trauma training as well as a specialized population training for resource parents on working with older youth, pregnant and parenting youth, LGBTQ youth, and children with specialized needs. In FY 2021, CWTA created a Parenting Specialized Populations training that addresses some of the aforementioned concerns.
 - **Action Step #1:** Include OWB and its services in the *Now What* series. Also consider collaborating with OWB on trainings for managing autism and other disabilities children may experience. Explore providing some staff with mental health first aid certification.
 - **Action Step #2:** Improve communications with OWB around resources and improve confidence of workers on the topic of domestic violence (DV) through refresher and enhanced training. Entry Services has improved identification of DV cases. Both CPS and the In-Home Administration implemented a consultation process that includes a liaison per administration. There is one OWB expert who consults on cases when the liaisons are not available and also consults with the

liaisons when it is unclear whether a case is DV-related. The confidence and comfort level of social workers managing the DV issue must also be improved. Liaisons are responding to DV assessments and red flag questions during consultations that supervisors and social workers should have already been equipped to answer or identify. The development of an ongoing training module to be accessed at any time related to DV assessments and identifying red flags should be considered. The training should draw from the baseline of questions developed in the existing consultation format that every social worker should have addressed before speaking with a liaison.

- **Action Step #3:** Resource Parent Support Workers and the PEERS were trained in the model, “A Family-Centered Parent Coaching”. The training provides techniques and interventions to support use while partnering with resource parents, as experience the joys and challenges of caring for children.

Stakeholder Feedback: Stakeholders addressed the need to create, re-train on or update policies on the following topics: effects of cannabis, conducting culturally competent and thorough safety assessments, demonstrating parent engagement after a goal is changed from reunification, concurrent planning, and life skills requirements for youth in foster care or group home settings.

- **CFSA Response:** Representatives from the Children’s Justice Act (CJA) Task Force, Entry Services, OWB and Program Operations worked together to develop and publish a cannabis brochure for parents and staff that was released April 2021. Regarding assessments and engagement, the In-Home Administration is in the process of developing a program operations’ manual. Concurrent planning and parental engagement are a part of best practices and should be completed on an ongoing basis. There are YTPs and the tool kit that should be tracking life skills, but the scope of how CFSA is ensuring that all youth are receiving life skills, being notified of all possible opportunities in-person and online, and how the Agency is tracking the information remains unclear across staff and may not be fully discussed in the actual policy. There is guidance from the National Youth in Transition Database (NYTD) and thresholds to be met are outlined in the older youth policy, which was revamped in 2019, to support their development.
 - **Action Step #1:** OPPPS Policy, Planning and training teams will continue to work with Program Operations on their policies and implementation of programs with this feedback in mind and what updates are necessary pursuant to the improvement of practice.

Overall Stakeholder Feedback: CWTA has its pulse on the needs of social workers and clients as it relates to training. The feedback helped to identify ways in which some existing trainings could be enhanced as well as confirming new trainings about to be launched. Themes, descriptions, and populations were helpful. An overall challenge is marketing the work to each respective cohort of stakeholders requesting it.

Overall Action Step: CWTA will enhance and collaborate on trainings where needed. CWTA will partner with the Office of Public Information (OPI) and OPPPS, which manages several city-wide task forces to ensure all training correspondence is dispersed more widely.

As part of the Agency’s annual Needs Assessment, OPPPS surveyed 168 child welfare professionals between May and June 2021 to determine satisfaction of Agency practice, including training. There were 40 responses to the specific training-related question, “What training topics, if any, would you suggest for enhancing the support provided to children and families in the District?” Responses included cultural competence and implicit bias, family engagement and teaming, working with vulnerable populations (e.g., trafficked youth, LGBTQ youth), working with birth parents and understanding the child welfare process for community partners. Nine birth parents from a focus group indicated the need for courses on child development and managing children with challenging behaviors. The birth parents also indicated that social workers and resource parents would benefit from child development courses, cultural competency, and engagement training to improve communication with all team members. Similarly, 15 resource parents indicated in the survey that they needed a better understanding of how to support and engage a child and birth parents with trauma or challenging behaviors, how to navigate resources, and how to understand their legal rights. Child welfare professionals reiterated that life skills are crucial for youth; the Youth Council received similar feedback directly from youth that life skills, especially money management, is an ongoing need.

FY 2021 APSR Update

As part of the Agency’s annual Needs Assessment, OPPPS surveyed 274 child welfare professionals in May 2020 to determine satisfaction of Agency practice, including training. There were 70 responses to the specific training-related question, “What training topics, if any, would you suggest to enhance the support provided to children and families in the District?” Responses included cultural competence and implicit bias, family engagement and teaming, working with vulnerable populations (e.g., trafficked youth, LGBTQ youth), working with birth parents, secondary trauma and the court process (e.g., effective court report writing and testifying). There were 110 clients (e.g., birth parents, resource parents and youth) surveyed for the Needs Assessment. Thirty-nine percent of clients (16 youth, 14 birth parents and 13 resource parents) responded to the training-related question by stating the following training needs:

- ▶ Social workers and families need more conflict resolution training.
- ▶ Birth parents need legal rights trainings.
- ▶ Social workers need training on how to engage fathers in case planning.

- ▶ Birth and resource parents want training on managing children with autism and complex needs.
- ▶ Resource parents need trainings on parenting 101, understanding the language of the child welfare system, and how to parent a youth with trauma and mental health concerns.

Youth specifically asked for life skills training and for social workers to be trained in cultural competence and active listening.

PLANNED ACTIVITIES

CWTA recognizes that it is essential to provide staff with a variety of training topics related to relevant Agency practice, local and federal policy, and client dynamics. Training must be presented in appropriate modes for CFSA's professionals to fully knowledgeable and prepared to serve families in the District. CWTA will continue to review and utilize training evaluation data to determine how to enhance facilitation styles and to incorporate suggested training topics. In addition, review of training data will help to inform CFSA and its stakeholders (internal and external) as to whether training is accomplishing stakeholder needs and goals while contributing to the Agency's mission to promote safety, well-being, and permanency.

In order to monitor the training system for immediate needs and long-range planning, CWTA regularly teams with several CFSA administrations. In addition, CWTA continues to enact its communication strategy to ensure effective communication across the Agency for relevant information, training courses, events, and sessions. CWTA also includes all of CFSA's private agency partners in all communications. At present, CWTA sends training advertisements via email to all CFSA and private agency staff, including distribution of a quarterly newsletter.

Moving into fiscal year (FY) 2020, training priorities include the development of new trainings as well as building upon already existing trainings that align with aspects of the Family First Prevention Services Act (FFPSA)¹³ and areas outlined in the Agency's recently submitted Family First Prevention Plan.¹⁴ CFSA also plans to build on the Agency's array of existing trauma-informed workforce trainings to enhance curricula for CFSA staff and to create new training modules for external evidence-based program service provider staff to ensure the District's entire child welfare workforce is equipped with the tools they need to effectively serve children and their families under Family First. Specifically, CWTA will be developing and facilitating a Motivational Interviewing Training for all CFSA staff and CFSA's community-based Collaborative partners who are required to develop child-specific prevention plans. CWTA has also collaborated with the Agency's Kinship Unit for development and co-facilitation of a Kinship Caregiver Support Training and development of Kinship Caregiver Workshops. These

developments will help promote effective partnerships to ensure kinship caregiver families are better served and have the capacity to care for children placed with them.

In addition to pre-service and in-service training that CFSA provides for staff, CFSA also supports the development of a strong and healthy workforce through activities focused around wellness and well-being for staff. The Wellness Program provides a variety of relaxation, physical, health, and personal development activities that are available for staff to participate in during the workweek. Programming is delivered through the utilization of staff volunteers, City staff, and external presenters. Specifically, programs include yoga sessions, Zumba sessions, meditation sessions, health screenings, line dancing classes, knitting classes, Toastmasters meetings, Spanish classes, financial planning sessions, Lunch and Learn sessions, Bring Your Kids to Work Day, and community service activities.

SYSTEMIC FACTOR 5: SERVICE ARRAY

OVERVIEW

A key CFSA philosophy is that children need the opportunity to grow up in their own homes with their own families. For families with risk factors that have brought their circumstances to the attention of the Agency through a CPS Hotline report, the Agency makes every attempt to prevent their entry into the District's child welfare system by a thorough assessment of risk levels and associated service needs. Accordingly, CFSA maintains a robust service array along the child welfare continuum. By creating access for families to early interventions and supports within their own communities, and leveraging supports through community partners, CFSA hopes to mitigate risk and prevent removal.

In instances requiring a home removal due to imminent risk and a substantiated allegation of abuse or neglect, CFSA begins work quickly to ensure that the child leaves care in a timely fashion for a permanent home. While the child is in foster care, CFSA maintains a wide array of placement types and develops case plans to address every child's needs. While the child is temporarily and safely placed in foster care, CFSA works directly with birth families and resource parents to assess a child's risks towards safety, to develop safety plans, and to offer services that ensure placement stability, goal achievement and family stabilization after permanency is achieved.

POLICY

CFSA policies are periodically updated to maintain compliance with local and federal legislation. All policies pertaining to programs apply to CFSA's practice across the District and the contracted case-managing agencies with homes in the state of Maryland. Each policy is on the Agency's

website, making it readily available to staff, stakeholders, and the public. The policies listed below alphabetically have a direct impact on CFSA's service array within the following domains: education, legal, financial, health and well-being.

- ▶ **Adoption Subsidy** – Identifies circumstances and processes for providing financial assistance to adoptive parents of children with special needs. Adoption subsidies help secure permanency for these children who might otherwise remain in long-term foster care.
- ▶ **Domestic Violence** – Guides practice and the provision of services and supports for non-offending partners and their children when dealing with issues of domestic violence. CFSA policy also guides practice for referring supports to the offending partner.
- ▶ **Educational Services** - Ensures that all children in CFSA's care and custody have access to an educational program that is appropriate to the child's age and abilities. Educational programs must meet the child's unique needs and suitably prepare them for additional education, future employment, self-sufficiency, and independent living.
- ▶ **Engaging Incarcerated Parents** – Promotes substantive engagement of incarcerated parents to ensure they are involved in the lives of their children (as needed and appropriate to the goal of strengthening family relationships). Policy guides social workers to consult with the parent's assigned prison or jail facility case manager to determine if there is a plan for successful reintegration of the parent into the community. The plan should identify available resources that have been coordinated to address the affected parent's continuing needs, particularly in regard to the parent being able to maintain a healthy relationship with the child in foster care.
- ▶ **Fair Hearings** – Under federal and District law, CFSA must ensure that any person aggrieved by the Agency shall receive a Fair Hearing upon request and qualifying circumstances. Service appeals allow for dispute resolution related to the delivery and the quality of services provided to a client or family, whether referred by CFSA or CFSA-contracted agencies. Policy requires that the assigned social worker review the appeal rights with the client or family during a case planning meeting.
- ▶ **Healthcare Coordination** – Guides social workers in their role as advocates for children receiving health services in a timely fashion and ensuring that health services meet the particular needs of any given child, including physical, mental, behavioral, and developmental health needs.
- ▶ **In-Home Services** – Promotes and guides Agency efforts to team directly with families in order to provide a child-centered, family-focused, community-connected, strength-based and solution-focused service array that reinforces safety for children

living at home, including biological, adoptive, guardianship, and custodial homes where children have reached permanency within the last six months.

- ▶ **Older Youth Services** – Describes the provision of services and supports to youth, aged 14 through their 20th year, to help prepare them for their entrance into adulthood. The policy also describes the process of connecting youth with community-based services that provide individualized services for helping youth develop and address their particular strengths and needs. In addition, CFSA links youth to services that help to master an array of skill sets that are essential for the transition from foster care to adulthood.
- ▶ **Out-of-Home Services** – The Out-of-Home Services policy is under revision. At present, the In-Home and Out-of-Home Procedural Operations Manual guides practice and sets forth protocols for identifying service needs, facilitating service access, and evaluating service efficacy.
- ▶ **Permanent Guardianship Subsidy** - Helps children achieve permanency by supporting caregivers who are willing to care for children but are unable to manage the financial burden or meet their medical needs without a subsidy. A Permanent Guardianship Subsidy may provide financial assistance and medical assistance to permanent guardians of eligible children.
- ▶ **Rapid Housing** – Describes two housing voucher programs: Rapid Housing Assistance Program and Emergency Housing Assistance. Both programs help CFSA families and older youth preparing to leave foster care to secure housing.
- ▶ **Services for the Deaf and Hard of Hearing** - Protects the rights of clients who are deaf or hard of hearing to receive auxiliary aids and services in a timely manner to ensure effective communication and an equal opportunity to participate fully in the benefits, activities, and programs provided by the Agency.
- ▶ **Youth Personal Allowance** – Provides youth, aged 14 to 21, in out-of-home placements with a personal allowance of \$100 by their resource provider for the purchase of discretionary items and services, and for learning money management skills.

In addition to the policies above, CFSA has a list of administrative issuances that cover services impacting a child’s experience in the child welfare system:

- ▶ Gift Cards and Vouchers
- ▶ Protecting Children in Care from Identify Theft
- ▶ Substance Abuse Treatment
- ▶ Summer Camp Subsidy Program

- ▶ Transition of Youth to the Developmental Disabilities Administration
- ▶ Independent Living Programs (ILPs) Requirements
- ▶ Specialized Opportunities for Youth (SOY) placements for high-end clinical youth

In 2019, CFSA released several new policies and updated guidance related to the following practice areas:

- ▶ Missing, Abducted and Absent Children
- ▶ Safety Plan
- ▶ Standards for Safe Case Closure
- ▶ Case Management of Children at Home with Siblings in Foster Care
- ▶ Personal Identifiable Information
- ▶ The Reasonable and Prudent Parent (RPP) Standard Guidance: A federal directive to use a decision-making framework for resource providers to make careful and sensible decisions about a child’s participation in extracurricular, enrichment, cultural and social activities that maintain the child’s health, safety and normalcy and support the child’s emotional and developmental growth.

FY 2022 APSR Update

Governance: New and Updated Policies and Practice Guidance

CFSA develops procedural operations manuals (POMs), policies, and administrative issuances (AIs) to guide staff and to ensure consistency with Agency-wide practice standards. While the CFSA Policy Unit develops policies and AIs, individual CFSA administrations take ownership for developing subject-specific POMs with support from OPPPS (Planning and Policy Units).

In CY 2021, the Policy Unit responded to user feedback on CFSA’s Policy Index by redesigning the index to improve searchability. All policies relate either to the Agency’s programmatic operations or to the organizational standards of the Agency. AIs may serve as interim policies or as standalone guidance. AIs are emergent in nature to quickly inform staff of new or updated guidance. POMs are procedurally specific guidance associated with a program administration.

CFSA initiated or updated the following documents between CY 2020 and 2021:

- ▶ The *Interstate Compact for the Placement of Children (ICPC)* policy and its associated business practice was updated and implemented in July 2020. With a few

exceptions,¹¹³ an ICPC must be completed each time a CFSA child is placed in an out-of-state placement, or a child from another state is placed in the District of Columbia. The ICPC policy and business process outline the ICPC requirements and provide guidance on ICPC activities, including when an ICPC is needed and how to make an ICPC request.

- ▶ The *Medication Management and Administration Policy* was updated and reissued in August 2020. The primary changes to the policy were the inclusion of doctors of osteopathy, licensed nurse practitioners, and psychiatric mental health nurse practitioners as prescribers of psychotropic medications. In addition, based on data collection from 2019, the Healthy Horizons Assessment Center is no longer operating on a 24-hour schedule. As a result, the updated policy now includes new contact information for the Health Services Administration's on-call manager.
- ▶ The *Implementing the Safe Haven Legislation* administrative issuance (AI) was modified and reissued in June 2020 in compliance with the Safe Haven Amendment Act of 2010. Per the legislation, parents may anonymously surrender their newborn to an authorized receiving facility (ARF). The AI modifications include updating administration names, ARFs, and the placement agreement. At present, only District of Columbia hospitals (private and public) are deemed ARFs. Police and fire stations are not ARFs and a parent who surrenders a child to either location may be subject to a Hotline referral.
- ▶ The *CPS Diversions AI*, finalized in February 2021, outlines the process for determining when children and youth can be diverted from entering foster care by remaining safely in the community with an identified caretaker. To ensure a child's safety, the assigned investigative social worker determines when a diversion is necessary, based on a Danger and Safety Assessment completed with the legal caregiver and the proposed identified caretaker.
- ▶ The *Hotline and Investigations Procedural Operations Manuals (POMs)* were updated and implemented in June 2020. As of December 2020, the POMs are updated regularly to reflect practice changes. CFSA distributes a survey to CPS and Hotline staff to inform the updates. The next planned update to the manuals is expected to occur in June 2021 and every 6 months thereafter.

In addition to the aforementioned program policies, administrative issuances and procedural operations manuals, the policy specialist and the CISA management team have developed the

¹¹³ICPC exceptions might include a placement with a relative made by an adult with custody of a child not in foster care with CFSA, or placement in a residential treatment facility.

following policies in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

- ▶ *Banner*: The Banner HIPAA policy provides guidelines, responsibilities, and requirements for CFSA to implement system-use notifications. Users receive messages or warning banners displayed before individual log-ins to CFSA's information systems.
- ▶ *Information System Activity*: The purpose of this policy is to provide guidelines, responsibilities, and requirements for CFSA to ensure that appropriate safeguards are in place and effective. It is CFSA policy to review available logs to include OCTO managed hardware and software when applicable. The logs for reviews are to determine access and activity and to detect, report, and guard against the following: network vulnerabilities and intrusion, loss of confidentiality, integrity and availability of PII and PHI, performance problems and flaws in applications, improper alteration or destruction of information and system configuration.
- ▶ *Evaluations - Technical and Non-Technical*: This policy provides guidelines, responsibilities, and requirements for CFSA to conduct technical and non-technical evaluation of its security controls, policies, processes, and procedures. The evaluations analyze their effectiveness to ensure compliance with applicable security policies, laws, and regulations, particularly the HIPAA Security Rule. In addition, the evaluations ensure protection of the confidentiality, integrity, and availability of all personal identifiable information (PII) and protected health information (PHI) created, retained, maintained, or transmitted by CFSA.
- ▶ *Security Awareness and Training*: This policy establishes guidance for all CFSA workforce members to comply with HIPAA's Security Awareness and Training Standard. The policy ensures that all new and ongoing employees receive appropriate security training, including training on PII, PHI, and periodic security reminders.
- ▶ *Information System Activity*: The policy provides guidelines, responsibilities, and requirements for CFSA to ensure that appropriate information safeguards are in place and effective. CFSA reviews available data logs, including OCTO-managed hardware and software (when applicable). The log reviews determine access and activity, and detect, report, and guard against network vulnerabilities and intrusion, loss of confidentiality, integrity and availability of PII and PHI, performance problems and flaws in applications, improper alteration or destruction of information, and system configuration.
- ▶ *Person or Entity Authentication*: This policy provides guidelines, responsibilities, and requirements for CFSA to implement mechanisms to authenticate individuals and

entities prior to granting access to systems containing confidential and proprietary information.

- ▶ *Public Guest Access*: This policy provides guidelines, responsibilities, and requirements for CFSA to grant or deny access to visitors or guests requesting access to information system resources, including all personnel affiliated with third parties requesting access to non-CFSA or DC government furnished equipment. This access applies to mobile devices connecting to the CFSA network.

New Informational Resources

- ▶ *Marijuana and Your Baby* (pamphlet): In April 2021, with funding from the DC Children’s Justice Act Task Force, staff from Entry Services, OWB, and OPPPS developed the *Marijuana and Your Baby* bi-lingual pamphlet. This resource offers readers support while informing them about the effects of marijuana use while pregnant, breastfeeding, and caring for children. The resource is accessible online and in hard copy for providers and families.
- ▶ *CFSA Connects*: In March 2021, Entry Services launched CFSA Connects, an initiative to increase engagement with families who do not have allegations of abuse or neglect. Designated social workers will conduct research to connect families with support resources. After making the connection, social workers will stay in touch with families for 5 days to ensure access to the identified services. These program enhancements will help improve CFSA’s prevention efforts by linking families to resources that keep them healthy, safe, and well.
- ▶ *REACH Team and Redesigned FosterDCKid.org Website*: The REACH initiative aims to improve resource parent recruitment and retention by engaging staff and community members to serve as ambassadors. A December 2020 survey informed the inaugural cohort of staff participants, and the REACH team began recruiting ambassadors from the DC community in March 2021. As of February 2021, FosterDCKids.org has a new look and features new functions both in English and in Spanish, along with updated content for prospective and current resource parents. Visitors can meet and contact the recruitment team, register for events, submit applications, and explore resources. In addition, resource parents are able to attend a quarterly “Fellowship and Feedback” session to provide feedback, ask questions or raise concerns directly with Agency leaders.
- ▶ *REACH Support Line*: CFSA’s newly launched REACH Support Line (RSL) is a telephone-based intervention that provides after-hours support to resource parents and youth experiencing behavioral, emotional, or family dynamic instability challenges. RSL staff are trained to help in an engaging, collaborative, and advocacy-based manner.

Feedback from CFSA's internal and external stakeholders agreed that consistency with information sharing for resources and practice improvements is imperative to maintaining an effective service array. To achieve such consistency among case carrying social workers, supervisory social workers and family support workers, the following webinars or road shows were included within the past year:

- ▶ Newborn Safe Haven Training (to accompany the modified and reissued policy)
- ▶ How to Conduct Parent-Child Visits
- ▶ Aftercare/Transitional Services for Older Youth
- ▶ Making Money Grow program for Older Youth
- ▶ BOND Support Program¹¹⁴
- ▶ Investigating Domestic Violence: A CPS Perspective
- ▶ Engaging Families to Build Alignment: A CPS Perspective
- ▶ Teaming with DC Schools in the District of Columbia
- ▶ Removals and Separations
- ▶ How Domestic Violence Impacts Child Welfare
- ▶ Post-Permanency Services and Subsidy Procedures
- ▶ Fair Hearing and Child Protective Register Process

FY 2021 APSR Update

New and Updated Policies

- ▶ Family Team Meeting – This policy documented the changes to the FTM to include the development of an updated business process defining the types of FTMs in efforts, roles and responsibilities of the FTM unit team and refining FTM timeframes to support engagement and supporting permanency outcomes
- ▶ Qualified Residential Treatment Facility – As part of the federal Family First Prevention Services Act of 2018, Congress created a new classification and national model for congregate care facilities: Qualified Residential Treatment Programs (QRTP). To comply with federal standards, CFSA developed the QRTP policy which outlines the unique procedures for assessment, content of case plans, documentation, judicial determinations and ongoing court reviews, and approval of placements. These procedures ensure CFSA's eligibility for receipt of Title IV-E foster care maintenance payments for children placed in a QRTP.

¹¹⁴ Bridge, Organize, Nurture and Develop Resource Parent Support Program

- ▶ Child Fatality Review – This policy includes the child-specific criteria that warrant a CFSA fatality review. As part of CFSA’s continuous quality improvement (CQI) efforts, the updated policy also clarifies the actual review process, specifically addressing the CQI framework through which the review committee arrives at recommendations for policy and practice improvements, along with standards for ongoing progress reporting on action steps.
- ▶ Hotline Policy – Updates to this policy included the following:

Removal of references to Differential Response (DR) and Family Assessment (FA) – As of April 1, 2019, CFSA has discontinued the two-track system of assigning cases reported to the Hotline, returning to a one-track system with the ending of the use of the DR approach and the FA units.

Inclusion of the RED Team practice model – The RED Team model is a teamed approach for reviewing, evaluating and decision-making (RED) when it is unclear whether a Hotline report should be screened in or screened out.

Addition of language for reporting sex trafficking to align with current CFSA practice.

- ▶ Investigations – Updates to this policy included the following:

The Child Protective Services (CPS) or Permanency Administration staff lead Removal RED Team meetings on a rotating basis; RED Team removal meetings are held within 24 hours (or the next business day) after a child’s removal from the home. Meeting participants explore kinship placement options and steps to expedite reunification.

CFSA’s Educational Neglect Unit investigates screened-in educational neglect reports to determine interventions and develop a family plan to address chronic absenteeism and underlying issues.

CPS must investigate all reports on families with newborns diagnosed with positive toxicology results or fetal alcohol syndrome disorder (FASD); the CPS social worker partners with the caregiver to develop a plan of safe care and an intervention plan.

- ▶ Permanency Practice – This policy describes the processes for achieving permanency at each stage of child welfare system involvement. Establishing permanency for children involved in CFSA is the cornerstone of good social work practice. Permanency broadly encompasses maintaining children safely in their home, as well as focusing on achieving permanency through reunification, adoption, and guardianship. All direct service staff, regardless of where they work in the Agency, have an important role to play in helping children to achieve permanency. The policy updates include:

The title of the policy document has been changed from Permanency Planning to Permanency Practice to reflect the multitude of roles, tasks and responsibilities that are required when helping children achieve permanency.

Business processes were created to provide guidance on how to conduct case planning activities and permanency goal changes.

Information regarding the role of assessments including the following formal assessments: (i) Child Adolescent Functional Assessment Scale [CAFAS]; (ii) Preschool Early Childhood Functional Assessment [PECFAS] and (iii) Caregiver Strengths and Barriers Assessment.

- ▶ Information regarding the importance and need to engage kin in every aspect of permanency practice.
- ▶ Placement Matching- This policy describes how placements and matching occur for children when risks to a child's safety and/or well-being require removal from home, or when children require another placement arrangement. CFSA first seeks to place the child, and all siblings if there are any, with kin. Under all circumstances, CFSA strives for placement in the least restrictive and most family-like setting with the first placement being the best placement. Having safe and stable placement options are integral components to meeting CFSA's goal of establishing safety, permanency and well-being for children in care. When removal is necessary, CFSA pursues a deliberate placement process to match the child to an appropriate resource provider, including a relative placement if possible. The policy contains the following updates:

Specific steps regarding conducting a planned placement vs. an unplanned placement.

Specific tools including clinical assessments in conjunction with an automated placement-matching system.

Information of the best practice steps and considerations involved with placing a child.

Guidance on the requirement to conduct a placement disruption staffing once the clinical team is aware of a potential placement disruption or within 30 days after a placement disruption occurs.

In partnership with the CFSA policy team, committees of internal and external stakeholders (all of whom are subject matter experts) collaborate together to develop policy content. To disseminate policy information, the policy team (under OPPPS) developed a quarterly Policy Press newsletter, which the policy supervisor emails to CFSA internal and external stakeholders and resource parents. The intent of the Policy Press is to help employees and stakeholders to stay informed of existing and changing practice guidance in order to provide the best practice to clients. Employees and stakeholders may also engage with the policy team by submitting questions and comments to cfsa.policies@dc.gov. Policy staff works with the Child Welfare Training Academy staff to incorporate policies into the relevant training or to develop a new training class or Webinar.

PERFORMANCE

ONGOING CONFORMITY WITH SYSTEMIC FACTOR

The District of Columbia received an overall rating of “strength” for Service Array (Items 29 and 30), according to the 2016 CFSR. The District continues to have a service array derived from the assessment of children and families’ strengths and needs; these services are designed to create a safe home environment, promote family stabilization and achieve permanency.

The District is aware that with a large service array, communication presents challenges to reach all types of stakeholders, with respect to turnover of stakeholders, in the most efficient manner. To streamline communication, OPPPS staff conducted a survey completed by 12 key staff from CFSA’s Program Operations administration. Of the 12 respondents, 75 percent of the stakeholders reported that the Agency does “somewhat well-to-very well” in offering services that meet the individualized needs of a child. Twenty-five percent said the Agency “does not do well” on this measure.

Respondents expressed concerns that the Agency is focused more on compliance than the quality of work. In addition, services may exist but there are barriers to receiving the service or there is an information gap in knowing that the services are available. In a separate child welfare survey, comments from 96 respondents indicated that services are available but when there is a change in a particular service or provider, there is sometimes no universal or District-wide guide to inform child welfare professionals. There is no way to know how to access and obtain information about current programs to share with clients. Respondents suggested possible including services and updates on the Agency’s website. Respondents also commented that if the resource is known, there are often no details or “reviews” on the effectiveness of the services.

For the District’s plans to sustain conformity for the above items, please see the following Strengths and Areas in Need of Improvement for qualitative data from surveys and focus groups. See also, Planned Activities.

STRENGTHS AND AREAS IN NEED OF IMPROVEMENT

The Agency has established a robust service array and resource development system that assesses the strengths and needs of children and families. Based on periodic feedback from stakeholders (through interviews, focus groups and ongoing work groups), the Agency continues to select the most appropriate interventions available to enable children to remain safely with their parents or to help expedite permanency for children in foster and adoptive placements.

Most of the recent feedback provided in this plan comes from the development process for CFSA's annual Needs Assessment. During development of the 2019 annual Needs Assessment, OPPPS staff asked clients and internal and external stakeholders to share experiences regarding the barriers to accessing or utilizing the following resources: 1) mental health, 2) child care, 3) social services, 4) education, and 5) life skills. In addition to identifying barriers, stakeholders and clients also identified proposed solutions, which are outlined after Table 1.

FY 2022 APSR Update

In March 2021, the annual Needs Assessment that directly informs CFSA's Resource Development Plan underwent a Lean Event. The Needs Assessment is designed to assist child welfare decision-makers with identifying the resources and services that are essential to improving the safety, well-being and permanency of children in the District of Columbia's child welfare system. Additionally, the Needs Assessment and Resource Development Plan should help to inform the development of CFSA's budget. As a part of CFSA's continuous quality improvement (CQI) initiative, the Needs Assessment provides a way to review data and to assess how services and supports facilitate the implementation of the Agency's commitment to the values-based Four Pillars Strategic Framework. The annual Needs Assessment is an opportunity for CFSA to be introspective and identify the needs that will ultimately drive budget decisions for the Agency. The Lean Event allowed staff to reimagine the Needs Assessment as a process, culminating in a report, to help drive budget decisions by focusing on the population of children served by DC CFSA and partners. This reimagining would support greater collaboration and efficiency around the compiling, analysis and reporting out of program data based on population needs.

The Lean Event helped to improve the Needs Assessment's surveying and data output in a manner not captured in previous years. In Fall 2020, the Needs Assessment team met with the Office of Well-Being to discuss the findings and data charts related to ongoing resource barriers across the aforementioned and the following domains: (1) mental health, (2) childcare, (3) social services, (4) education, and (5) life skills.

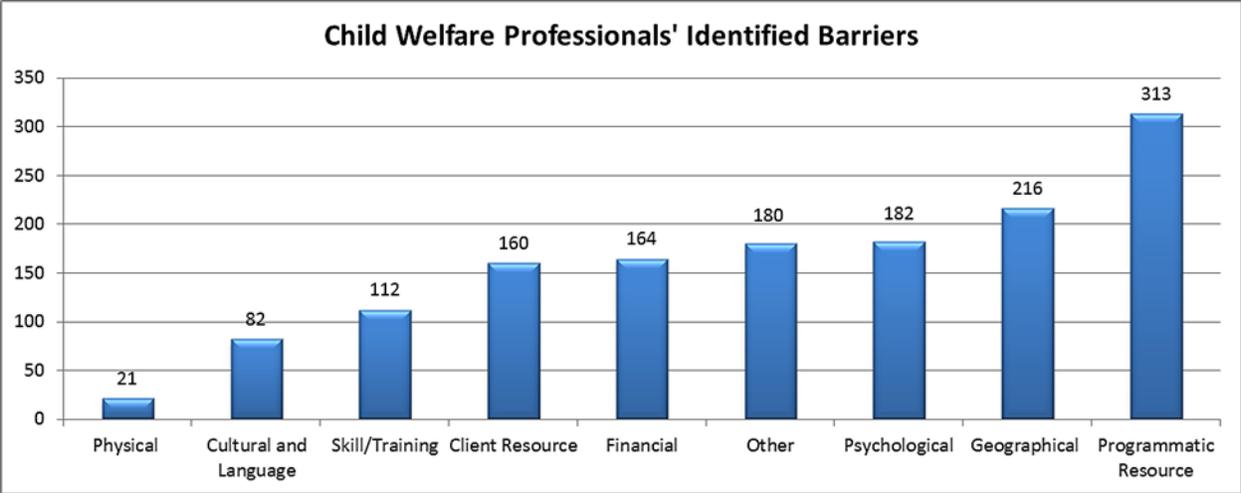
FY 2021 APSR Update

During the development of the 2020 annual Needs Assessment, OPPPS staff asked clients and internal and external stakeholders to share experiences regarding the barriers to accessing or utilizing the following resources: (1) mental health, (2) childcare, (3) social services, (4) education, and (5) life skills. Stakeholders knew about many of the Agency's resources but access to the resources often depended upon the quality of the individual case management, i.e., whether or not a youth, birth parent or resource parent was aware of a needed service only occurred on a case-by-case basis. Once a client did receive services, client feedback affirmed

that most services were effective. Even still, clients noted barriers in communication (including communication up through the chain-of-command), follow-through and response times, and the need for a central repository of services. Stakeholders understood that clients have to be receptive and engaged in services for services to be effective but stakeholders still need to be made aware of the array of services. As well, services must be adequate and appropriate to the needs of the client in order for client engagement to be sustained and for clients to feel supported by service programming and staff. Most clients reported that services did continue past March 2020 when the COVID-19 pandemic. In addition to identifying barriers, stakeholders and clients also identified recommendations outlined in the FY 2020 update below.

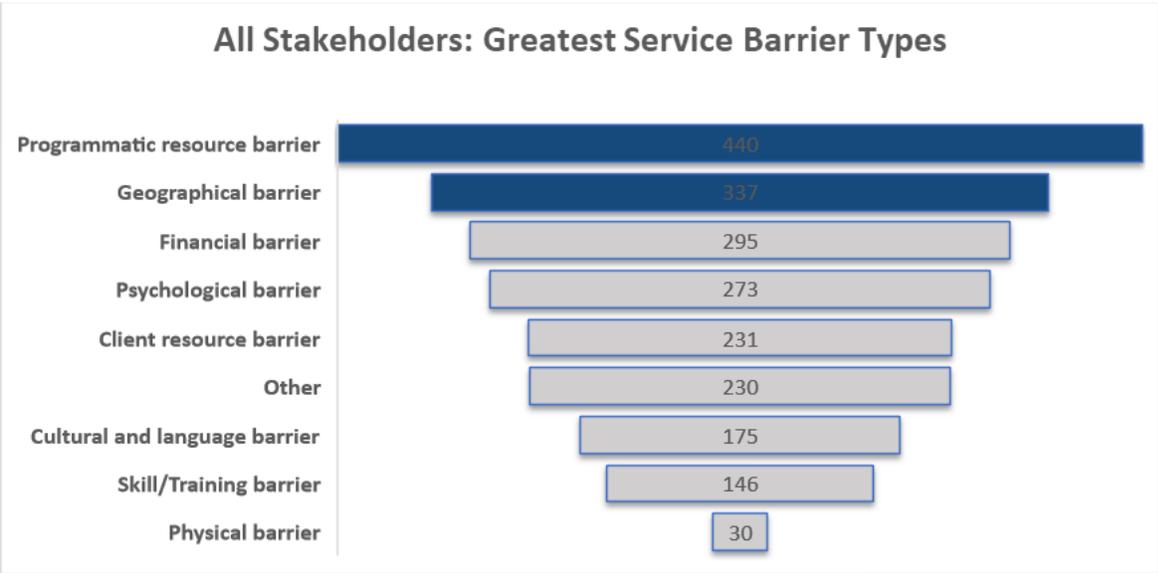
The table below provides a “barrier legend” for seven identified barrier categories: physical, cultural and language, skills and training, client-specific, financial, psychological, geographic, and programmatic resources. The graph following the table explains the respondents’ views of the most common barriers. The counts, however, may not represent the universe of respondents for any given resource category because some may have not used a resource within that category or some may have indicated "not sure or no barrier" based on their individual circumstance.

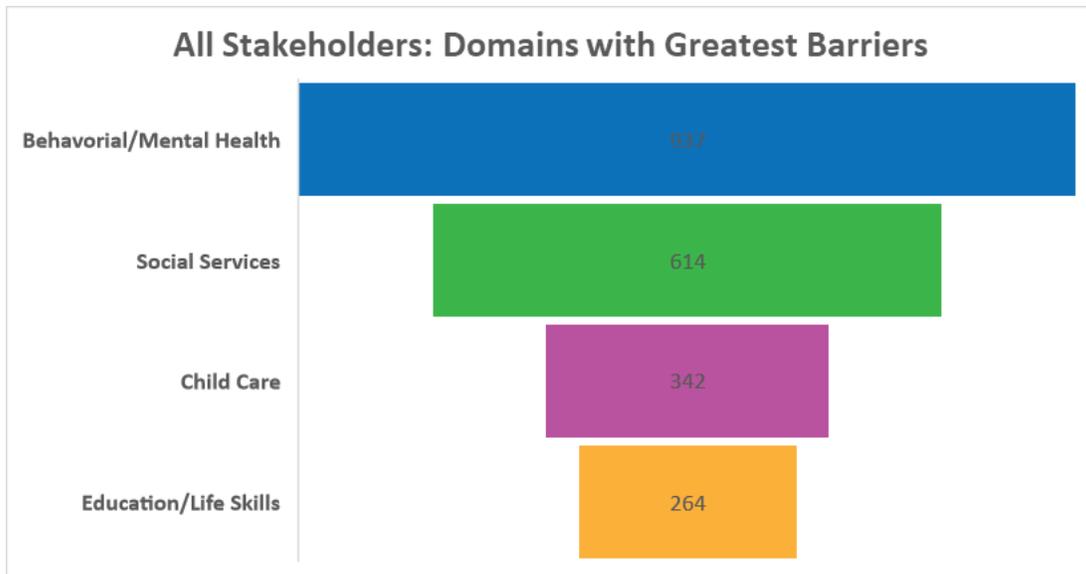
Barrier Legend
Physical: service buildings and programs that are unable to accommodate a physical disability.
Cultural and Language: lack of diversity, cultural competence, language translations; lack of advertisements and information about services offered in different languages.
Skills and Training: staff do not have expertise in serving clients with autism, learning disabilities, post-traumatic stress disorder (PTSD), and other diagnoses.
Client Resource: service overload (i.e., too many services required) and scheduling conflicts with school or work.
Financial: service costs, travel costs, and education costs.
Other: includes outliers from four resources areas: mental health, childcare, social services, education and life skills
Psychological: client's fear of approaching service provider or concern with stigma.
Geographic: services not conveniently located in the individual's neighborhood.
Programmatic Resource: lack of available services, poor quality of services, waitlists, and limited hours of operation.



FY 2021 APSR Update

The following graphs provide a breakdown of instances for which stakeholders identified and experienced a barrier across various service domains. Approximately 4 out of 10 clients identified a barrier for the behavioral and mental health services domain. For about 3 out of 10 clients, the barrier type for any service was likely to be a programmatic resource or location.





115

Stakeholders' Proposed Solutions for Resource Barriers

MENTAL HEALTH RESOURCES

Mental health resources included alternative therapies, traditional therapies, medication management, anger management and substance use services. In general, respondents noted that all services were important to the success of a case, but the top three barriers were programmatic, psychological, and geographic. Some of the same barriers with service delays and turnover of providers were seen in quality service reviews (QSR) in CY 2018 as well. Out of the QSR 137 cases reviewed, 44 cases involved ratings for the long-term guiding view indicator. Reviewers scored 33 (75 percent) as acceptable for behavioral health treatment plans. For 2018, this percentage rate is 20 points higher than 2017 (55 percent). For these cases, behavioral health services had a long-term view that articulated the strengths, preferences, barriers, and needs of the child and family. In addition, service team members understood the treatment plan.

Regarding unacceptable ratings, treatment goals were not clearly outlined or identified in 11 of the 44 cases. Among these 11 unacceptable ratings, CFSA's Permanency Administration served one case (9 percent). In-Home served three cases (27 percent) while private agencies served the remaining seven cases (64 percent). QSR reviewers noted a lack of service coordination and communication between the child welfare team and the behavioral health team. Also noted were services that did not address identified needs. In several cases, behavioral health services were delayed or interrupted due to turnover in providers.

¹¹⁵ Respondents were able to select all barriers that applied across all four domains.

Survey respondents identified the following solutions to the barriers experienced which could also offer potential solutions to those areas in need of improvement found in qualitative reviews:

Programmatic

- ▶ Increase availability and access to alternative therapies (e.g., art, music, dance, writing, animals)
- ▶ More substance use services
- ▶ Special services for unaccompanied refugee minors
- ▶ Trauma-informed mental health services (e.g., including therapeutic mentoring)
- ▶ Providers with expertise in sex trafficking, sexual abuse, PTSD and attachment disorders
- ▶ Provide grief and loss therapy for resource parents and clients
- ▶ Provide respite for children with challenging behaviors
- ▶ Provide counseling for non-foster youth (In-Home services)
- ▶ Adopt more evidence-based treatments
- ▶ Include access to inpatient, partial hospitalization, and intensive outpatient behavioral health programs (e.g., day treatment)

Psychological and Geographic

- ▶ In-school mental health supports so youth are not removed from school to go to therapy outside of school
- ▶ In-home family therapy
- ▶ Improve services for clients struggling with domestic violence (DV), including a DV specialist in the community like co-located social workers
- ▶ Psychiatric nurse at Healthy Horizons who can refill prescriptions when clients have to come through for screening from jail or abscondence
- ▶ Community drop-in centers for youth to prevent stigma

FY 2022 APSR Update

A debriefing was held in Fall 2020 with the Office of Well-Being (OWB), OPPPS, Program Operations, Community Partnerships, Entry Services and Training. Meeting participants discussed the most prevalent service array themes that were mentioned across stakeholders or repeated from the previous year.

Stakeholder Feedback: In regard to mental and behavioral health services (e.g., alternative therapy, traditional therapy, medication management, anger management and substance abuse), stakeholders felt services were effective in 40-to-60 percent of instances. Areas for improvement were programmatic, psychological and geographic in nature, such as improving access to CFSA in-house therapists for in-home families, increasing consistency in providers, improving knowledge of resources around domestic violence (DV), including batterer intervention programs, more bi-lingual and culturally competent providers, more grief and loss supports for parents and youth, and more providers with expertise in sex trafficking (commercial sexual exploitation of children or CSEC), attachment disorders, etc.

- **CFSA Response:** Entry Services' In-Home Administration staff are aware that the CFSA in-house therapists receive referrals for in-home families, despite the target population being children in foster care. Referrals occur on a case-by-case basis under the discretion of the ongoing social worker. Despite current social worker awareness of the in-house therapists, OWB could advertise this service better. OWB is aware of the lack of resources for batterers and the need to increase capacity to provide DV support. Regarding bilingual providers, OWB needs to collaborate with OPPPS to maintain a log of the languages of the children coming into the system. For therapy referrals, OWB has a list of five or six modalities and supplemental therapies that agency-contracted providers offer. However, attachment disorder is not on that list of expertise. Equally, OWB is aware that there are insufficient therapists with expertise in sex trafficking. Both attachment disorder and sex trafficking are realities for the CFSA population. Lastly, within the past year, OWB met with the Wendt Center and confirmed that options for grief and loss therapy are insufficient. Hence, the Wendt Center maintains a waiting list. OWB employs an in-house therapist who is well-versed in grief and loss therapy but there is no dedicated therapeutic staff to address grief and loss or trauma.
 - **Action Step #1:** OWB is working with OPI to improve internal and external promotion of the in-house therapy resource, and referral process.
 - **Action Step #2:** OPPPS provided OWB with the Needs Assessment's breakdown of languages for all children. As of March 31, 2020, CFSA identified 43 children (2 percent) whose primary language was other than English. Of those children, 33 were in foster care (the remaining 11 were in In-Home). Of the 33 children in foster care, 16 (48 percent) were Spanish speaking. Seventeen youth (52 percent) spoke the following other languages: French (three children, nine percent), American Sign Language (ASL) (two children, six percent) and other non-English languages (12 children, 36 percent) (Somali, Swahili, Oromo, Dari, Tigrinya, and Eritrean sign language).

- **Action Step #3:** OWB will revisit the list of therapeutic modalities to determine what other services might be missing from the current in-house array, including attachment disorder, PTSD, and sex trafficking. *[OPPPs forwarded the concern regarding a lack of grief and loss providers to the CSEC committee and the Children’s Justice Act Task Force. The Task Force offered funds to train persons throughout the District in CSEC.]*
- **Action Step #4:** Across the Agency there is a sentiment that there are no existing resources or a lack of consistent resources in the District for DV victims or batterer intervention. OPPPS suggested that social workers sign-up to the Mayor’s Office Victim Assistance Network to receive notifications of resources that advertise dv services.¹¹⁶ As a service resource, access to NowPow was initially limited. Many staff have been unaware that NowPow is fully accessible to everyone. Community Partnerships currently measures the utilization of NowPow as a service resource. Once CFSA verifies available DV and other resources, Community Partnerships will add the information to the NowPow database on a regular basis. Also, Community Partnerships has created training in NowPow for the administration leads and has improved communication of NowPow as a resource.

FY 2021 APSR Update

In the 2020 Needs Assessment survey, respondents (196 out of 384) noted that all services were important to the success of a case. The top three barriers to receiving quality behavioral and mental health services were the same as last year: programmatic, geographic and psychological. The primary themes related to consistent and local services (e.g., within the District and the client’s neighborhood or geographic location), more services for vulnerable populations, more home-based therapies, and more alternative therapies. There was also a strong emphasis on the importance of addressing cultural and language barriers, including the importance of incorporating a lens for racial equity and increasing bi-lingual services.

Survey respondents identified and recommended the following potential, solutions to the barriers. These recommended solutions might also apply to the results of qualitative reviews where the Agency has identified similar areas in need of improvement.

Programmatic

- ▶ Need consistency in service providers.
- ▶ Increase utility of telehealth.

¹¹⁶ <https://ovsjg.dc.gov/service/victim-assistance-network> (dcvan@googlegroups.com)

- ▶ Increase availability and access to alternative therapies (e.g., art, music, dance, writing, animals, spiritual counseling).
- ▶ Improve services for domestic violence clients including batterer intervention programs (including therapy) to address the batterers' behaviors.
- ▶ Provide fatherhood services and home visitation for male caregivers.
- ▶ Provide a greater array of therapeutic interventions (including services that take Medicaid).
- ▶ Provide one-to-one parenting classes, and parenting classes that focus on teens, youth with defiant behaviors, and youth struggling with drug addictions.
- ▶ Ensure that social workers from the In-Home Administration have access to the CFSA in-house therapists.
- ▶ Improve availability and coordination of services, especially between CFSA clinicians and school mental health staff.
- ▶ Improve on service processes (e.g., decreasing delays in access and increasing consistency and array of services).

Psychological and Geographic

- ▶ Provide culturally competent therapy and bilingual services.
- ▶ Increase the number of providers with expertise in sex trafficking, sexual abuse, PTSD and attachment disorders.
- ▶ Increase the number of school-based behavioral health counselors, i.e., to reduce traveling to appointments during school day.
- ▶ Expand grief and loss supports for resource parents and youth when there is a reunification or an adoption with another parent.

CHILD CARE RESOURCES

Childcare resources included childcare, day programs for out-of-school youth, extracurricular and recreational activities, and respite. In general respondents noted that all services indicated were important to the success of a case, but the top three barriers were programmatic, geographic, and financial. Respondents identified the following solutions to these barriers as well as additional childcare services:

Programmatic

- ▶ Adopt Family surrogate models
- ▶ Provide Emergency and non-traditional childcare

- ▶ Childcare for parents required to attend therapy or support groups
- ▶ Respite and childcare for children who are diagnosed on the autism spectrum or medically fragile
- ▶ Childcare for disconnected teens
- ▶ Information for summer camps
- ▶ More extracurricular / normal activities
- ▶ Ties into resource parents during focus group and survey asking for CFSA to identify slots in day cares and organizations for youth in foster care
- ▶ More STAR¹¹⁷ homes and congregate care homes
- ▶ Financial
- ▶ Babysitting / in-home childcare for those in night school; extended hours
- ▶ Services needed before six weeks of age
- ▶ Offer day care vouchers / childcare subsidies
- ▶ Access to the childcare subsidy for relatives caring for children who have no legal documents--birth certificate, Medicaid card, immunization record
- ▶ Simplify applications for vouchers

Geographic

- ▶ Before and after school programs that can assist with transporting children to and from school

FY 2022 APSR Update

A debriefing was held in Fall 2020 with the Office of Well-Being (OWB), OPPPS, Program Operations, Community Partnerships, Entry Services and Training to discuss the most prevalent service array themes that were mentioned across stakeholders or repeated from the previous year.

Stakeholder Feedback: In regard to childcare services (including day programs, recreational activities, and respite), stakeholders felt services were effective in 80-to-100 percent of the time, with the exception of the day programs. Areas for improvement were programmatic, financial, and geographic in nature, such as childcare services for children with autism or disabilities and newborns not yet immunized, in addition to general financial support for childcare and childcare options near home with non-traditional hours.

¹¹⁷ STAR homes are short-term or interim placements.

- **CFSA Response:** There are at least five contracted caregivers who can provide emergency day care. However, sometimes there is a barrier to placing a newborn at removal when a parent has not given consent for the Agency to obtain vaccinations and immunizations. CFSA needs to provide information to resource parents about this potential barrier to securing immediate childcare.
 - **Action Step #1:** Entry Services and OWB will consider adding immunization information to the Passport Packet for the resource parent. Both administrations will consider additional ways to help birth parents to consent to immunizations of a newborn during the removal process. OWB will also work with CWTA on training points on the immunization process for resources parents.

FY 2021 APSR Update

In the 2020 Needs Assessment survey, respondents noted the same top three childcare barriers as last year: programmatic, financial, and geographic. The themes concerned the need for a greater array of childcare services that cater to complex needs, diverse age groups, and geographic proximity to placements.

Programmatic

- ▶ More extracurricular and normal activities by location and hours (e.g., mentors, tutors, summer camp, extra curriculums)
- ▶ Childcare services for children with autism, disabilities, and special needs
- ▶ Childcare for newborn infants who have not yet received the required initial vaccinations for attending day care
- ▶ Babysitting and in-home childcare for parents enrolled in night school, extended babysitting and childcare hours
- ▶ Services needed before six weeks of age

Financial

- ▶ Simplify applications for day care vouchers
- ▶ General financial support for childcare services

Geographic

- ▶ Before- and after-school programs that can assist with transporting children to and from school
- ▶ More childcare scheduling and location options (e.g., homes or centers with overnight or non-traditional hours; respite homes)

- ▶ Readily available transportation to and from activities

SOCIAL SERVICE RESOURCES

Social service resources included domestic violence supports, home-visiting supports, housing, sex-trafficking intervention and services, transportation, the Parent Education and Support Program (PESP), and community faith-based supports. In general respondents noted that all services indicated were important to the success of a case, but the top three barriers were programmatic, financial and “other” (e.g., youth not engaging services, lack of resources, lack of flexibility with provider or poor system coordination). Respondents identified the following solutions to these barriers as well as additional social service supports:

Programmatic

- ▶ More placements; more housing especially for sex-trafficked youth
- ▶ Training for social workers: substance use, sex abuse, and DV (Note: training was mentioned throughout service domains.)
- ▶ More parent PEERs¹¹⁸ or parent coaches for birth parents and mentors for youth
- ▶ Support for clients who self-identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ)
- ▶ Holistic, wrap-around community services and increased community collaboration
- ▶ Life skills for parents (e.g. employment training) as well as improving current skills for youth
- ▶ In-home supports and intensive parenting training for homes managing children with special needs and intellectual disabilities and for parents with cognitive delays
- ▶ Culturally appropriate service providers taking faith, ethnicity, and language into account

Financial

- ▶ Child care for birth and resource parents
- ▶ Readily available transportation (to help with appointments)
- ▶ Consequences for inappropriate behavior (need changes to allowance policy)

Other

- ▶ Help clients to navigate multiple systems
- ▶ Specialized support groups for parents and children (e.g., DV)

¹¹⁸ Goal 4 describes more detail about CFSA’s Parent Education, Engagement, and Resource (PEER) Support Unit.

- ▶ Support groups for resource parents isolated in the age bracket of the child in their home, e.g., who are not part of constellations or clusters with similar age-grouped children

FY 2022 APSR Update

A debriefing was held in Fall 2020 with the Office of Well-Being (OWB), OPPPS, Program Operations, Community Partnerships, Entry Services and Training to discuss the most prevalent service array themes that were mentioned across stakeholders or repeated from the previous year.

Stakeholder Feedback: In regard to social services (e.g., DV, home visiting, housing, sex trafficking, transportation, PESP and faith-based supports), stakeholder opinion varied greatly. Areas for improvement were programmatic, financial and psychological in nature, such as providing more life skills for youth and birth parents, housing for CSEC victims, DV and fatherhood resources, respite for birth parents beyond permanency, service satellite offices at the collaboratives to improve efficiency, and reduction of stigma and travel.

- **CFSA Response:** OWB staff were not all aware of the home visiting programs (e.g., Mary's Center). Internal communication need to increase information sharing over services. OWB staff need to participate in both pre-service and in-service social worker training.
 - **Action Step #1:** OWB will work with CWTA to identify gaps in OWB staff's presence and capacity to assist with the trainings. OWB will work with OPI on creative ways to publicize resources and new contracts to internal and external staff. Regarding the stigma barrier, the Agency will determine whether any of the Families First Family Success centers (launched in Spring 2021) will assist with reducing the barrier. If so, the Agency will determine how to evaluate the assistance.

FY 2021 APSR Update

In the 2020 Needs Assessment survey, respondents (196 out of 384) noted only two of the same top three social service barriers as last year. As noted above, the top three services barriers in 2019 were programmatic, financial and "other" (e.g., youth not engaging services, lack of resources, lack of flexibility with provider or poor system coordination). The top three barriers in 2020 include programmatic, financial, and psychological service barriers. The psychological barrier connected most closely with one's socio-cultural and geographic context. The 2020 themes also mirrored some recommendations from the behavioral and mental health domain, e.g., the need for greater city-wide collaboration, transparency in resource availability, and

incorporating therapeutic activities and services for children with complex needs. There was a greater emphasis in 2020 on the need for improving the collaboration between educational and child welfare services. This feedback could be due to the improved outreach to education stakeholders during the survey dissemination and a higher number of education stakeholders completing the survey than in prior years.

Programmatic

- ▶ Fatherhood programs and batterer's intervention programs
- ▶ Timely educational assessments
- ▶ Therapeutic summer camps and extracurricular activities
- ▶ Home visiting services
- ▶ Life skills for birth parents and youth (e.g., financial literacy, housing searches, anger management classes, cooking classes, managing cell phone usage, job training, driver's education, getting a non-driver ID, internships, accessing transportation, accessing Medicaid, identifying food resources and parenting classes)
- ▶ Better provider network for mental health, day treatment programs, tutors, mentors, and PEERs (i.e., extending resources available through the In-Home Administration)
- ▶ More housing for victims of sex-trafficking
- ▶ Greater city-wide collaboration around domestic violence, housing, sexual violence, and education
- ▶ More respite for birth and resource parents (i.e., extending services beyond permanency)
- ▶ Holistic, wraparound community services and sharing information on community resources with clients

Financial

- ▶ Access to transportation, including Lyft and Uber (at a reduced rate) to get to appointments
- ▶ Childcare for birth and resource parents

Psychological

- ▶ Culturally appropriate service providers (i.e., providers that take faith, ethnicity and language into account)
- ▶ Bilingual domestic violence services, mental health and substance abuse services that are known to be sourced in trauma histories for men and women

- ▶ Satellite offices that include therapeutic services providers at the Collaboratives to improve efficiency and reduce stigma and travel

EDUCATION AND LIFE SKILL RESOURCES

Educational and life skill resources included mentoring and tutoring, financial literacy services, workforce development and on-the-job training, food service and nutrition classes, and mentoring. In general, respondents noted that all of the education-based services were important to the success of a case, but there were still the top three barriers: programmatic, client resources and “other” (e.g., a client needs to commit to the service and mentors need training in mental health). Respondents identified the following solutions to these barriers as well as recommending additional educational and life skills supports:

- ▶ Life skills for parents and youth, including financial assistance (paying rent on time), budgeting, affordable housing, cooking basics, cleaning basics, healthy relationships, scheduling child appointments, general parenting, dealing with legal system, self-advocacy and self-esteem
- ▶ Tutoring and mentoring
- ▶ Quality preparation for and inexpensive or free general education degree (GED) courses
- ▶ Job training

Across all domains programmatic barriers existed for social workers, birth parents, resource parents and children. “Other” barriers related most to the transparency of resources.

FY 2022 APSR Update

A debriefing was held in Fall 2020 with the Office of Well-Being (OWB), OPPPs, Program Operations, Community Partnerships, Entry Services and Training to discuss the most prevalent service array themes that were mentioned across stakeholders or repeated from the previous year.

Stakeholder Feedback: In regard to education and life skills (e.g., tutoring, financial literacy, workforce development, food and nutrition and mentoring), stakeholders felt services were effective in 40-to-60 percent of instances. Areas for improvement were programmatic and client-related in nature, such as providing adult literacy programs, life skills for youth and birth parents, mental first aid, and more flexible and culturally specific services, including for mentors and tutors. Stakeholders requested that tutors not teach to an assessment but to homework help.

- **CFSA Response:** The team has also identified the lack of diversity among tutors and mentors as a barrier. The rigidity of tutoring should have been resolved but continues with the vendor.
 - **Action Step #1:** Provide more training to vendors on the type of youth both tutors and mentors will be serving. Identify vendors who can be more culturally competent, less rigid in approach (youth-focused) and more flexible with schedules.

Stakeholder Feedback: Training on “parenting 101” is needed, specifically on topics related to handling children with special needs (autism, intellectual or learning disabilities, etc.); dealing with challenging behaviors (e.g., dual jacketed youth, behavioral diagnoses) and services for these populations; learning crisis intervention and de-escalation techniques and accessing services; dealing with sex trafficking and domestic violence; managing trauma and secondary trauma (for social workers).

- **CFSA Response:** CWTA has a few trainings on some of the aforementioned needs: MANDT training, secondary trauma training as well as a specialized population training for resource parents on working with older youth, pregnant and parenting youth, youth self-identifying as LGBTQ, and children with specialized needs. In FY 2021, CWTA created a Parenting Specialized Populations training that addresses some of the aforementioned concerns.
 - **Action Step #1:** Include OWB and its services in the *Now What* series. Also consider collaborating with OWB on trainings for managing autism and other disabilities children may experience. Explore providing some staff with mental health first aid certification.

FY 2021 APSR Update

In the 2020 Needs Assessment survey, respondents noted the same top three education and life skills barriers as last year, which included programmatic, “other” and client resources. This year client resource and geographic barriers were tied in prevalence. Client resource barriers included examples such as a client’s inability to pass a drug screen to secure employment, a client’s cognitive delays hindering performance in services, and a client being disenfranchised from service if job training is not producing concrete employment opportunities. As in last year’s results, “other” barriers related to the publication of services. The themes mirrored some recommendations from the social services domain such as the need for independent living services for youth aging out of care.

- ▶ Life Skills for parents and youth: financial literacy and money management; paying rent, finding housing, cooking basics, cleaning basics, budgeting, job search and

- training, healthy relationships, sexual health, scheduling, and parenting, dealing with legal system, self-advocacy and self-esteem
- ▶ Adult literacy programs, need more remedial programs (e.g., developmental educational services that help adults who don't have special needs but are not academically prepared for certain tasks, like applying for services or employment)
 - ▶ Apprenticeships and internships for youth
 - ▶ Tutoring and mentoring (including in-home support), especially for youth with PTSD and other challenging behaviors
 - ▶ Need volunteers who are consistent and can volunteer with flexible hours
 - ▶ Culturally specific services
 - ▶ Competent tutors with knowledge in the specific subject material and knows how to teach
 - ▶ Training in mental health first aid (i.e., the skills to respond to the signs of mental illness and substance use)
 - ▶ Online trainings for youth, birth and resource parents

FY2022 Update

Planned Activities

Although the District has implemented and continues to improve upon many activities in response to feedback received over the past 2 years, some activities were not successful:

Predict-Align-Prevent (PAP): CFSA's CQI team evaluated the predictive PAP model and concluded that the model did not provide a reliable methodology for the District. As a result, CFSA discontinued use of the PAP program as of May 2020.

Planned Activities

The District has implemented and continues to improve upon the following activities in response to feedback received over the past two years:

- ▶ Improving services to victims of DV: Survey feedback over the past two years revealed stakeholders' impressions that social workers are not equipped to case manage families dealing with DV; the social workers reiterated these concerns, self-reporting low levels of comfort for addressing DV issues. In response, the Office of Well Being's (OWB) has assigned clinical DV liaisons to each case managing administration to improve the referral process, provide DV case consultation and support to social workers, and to improve clinical case practice for the safety and well-being of children and families experiencing the impact of DV on their lives.

- ▶ Putting Families First in DC: DC Council’s recent approval of District Mayor Bowser’s FY 2020 Fair Shot budget reduced CFSA’s annual budget by 2 percent (FY 2019 - \$224.2 million; FY 2020 - \$219.8 million). The new budget requires the District to make proactive and thoughtful adjustments to the resources needed to support children and families. It also takes into account four critical factors: right-sizing, savings, the winding down of federal Title IV-E Demonstration Waiver funds (as CFSA transitions to a new set of federal requirements under the Family First Prevention Services Act), and implementation of Families First DC (Mayor Bowser’s new initiative for upstreaming prevention strategies across the District). CFSA is in full support of the Mayor’s initiative, which places 10 Family Success Centers in neighborhoods East of the River¹¹⁹ where a dominant number of CFSA-involved families reside (particularly Ward 8). The initiative will also designate schools as community hubs by providing wraparound services for students, families and community members. The Family Success Centers will function as trauma-informed care sites with individual and family-based supports for residents impacted by violence.
- ▶ Predict-Align-Prevent (PAP): The PAP¹²⁰ program uses geospatial tools to predict the locations of and thereby prevent the potential for future child maltreatment, based on a given community’s existing resources and risk factors. By identifying the types, quantity, and effectiveness of existing prevention resource allocations, the District can re-align community resources and monitor the rate of decline in child maltreatment in neighborhoods.
- ▶ Information Gaps: Internal and external stakeholders expressed concerns that there is a lack of information-sharing regarding the array of available CFSA and community-based services. As one resolve, the OPPPS Policy Unit developed and promulgated the Policy Press in August 2018 to informing CFSA internal staff and external partners and resource parents of new practice policies and guidance.
- ▶ Ombudsman: The CFSA Office of the Ombudsman is a resource for constituents seeking resolution for issues or conflicts with CFSA staff or services. The ombudsman receives feedback on CFSA practice through direct contact and by attending multi-disciplinary team consultation meetings in the community and focus groups with clients. The ombudsman also distributes surveys to resource parents and is currently developing a survey for birth parents. The activities of the ombudsman are highlighted in an **annual report**.

¹¹⁹ The District’s geographic boundaries are outlined in four quadrants: northwest, northeast, south west, and southeast. “East of the River” references the southeast quadrant which is east of the Anacostia River.

¹²⁰ The PAP program is a Texas-based, non-profit corporation that uses a longitudinal measurement of population health and safety metrics to determine the effectiveness of aligned prevention resources and supports. PAP aims to help communities and governments uncover, evaluate, and replicate effective prevention initiatives.

- ▶ **In-House Mental Health Screenings and Therapeutic Intervention:** CFSA initiated the Agency’s Mental Health Redesign in FY 2019. The redesign is a plan to improve access to mental health evaluation and treatment for children in foster care, including medication management. The buildout for the redesign involved OWB hiring three dedicated therapists to ensure timely assessments and early access to short-term (3 to 6 months with the ability to extend to 12 months) mental health treatments that children need when they first enter or re-enter foster care. Children who were receiving mental health services in the community continue to receive services from their community provider. After the short-term therapeutic services’ timeframe ends, children, you and families who need community based therapeutic support will be transitioned to a community-based provider. In addition, CFSA built out and designed three of therapy rooms in its centralized location that were carefully planned to be conducive to both verbal and expressive therapies.

To strengthen the existing array of services, the District is studying the changing demographics of the families, children and resource families that currently (or will likely need to) receive services through the child welfare system. These studies will aid the District in identifying the appropriate types of services needed for generalized and specialized family and community needs (e.g., on-site therapy, co-located nurses, visitation, support groups, transportation, etc.). In addition, the Agency continues to provide flexible funds to the community Collaboratives to help stabilize a family’s financial needs and reduce the risk of the family coming to the Agency’s attention based on financial considerations.¹²¹

FY 2022 APSR Update

For the past decade, CFSA has moved intentionally from a system primarily focused on foster care to one that supports and strengthens families within their communities. Those efforts have led to CFSA’s selection for the Thriving Families, Safer Children: A National Commitment to Well-Being Initiative. Participation requires working across the public, private and philanthropic sectors to assist jurisdictions in developing equitable systems for children and families, and to mitigate risk factors correlated with intergenerational cycles of trauma and poverty. CFSA looks forward to gaining insight on how to expand upon the existing array of upstream prevention services.

Despite programmatic constraints due to COVID-19, the District launched 10 Family Success Centers in October 2020, located in Wards 7 and 8. Each neighborhood established a Community

¹²¹ While financial considerations do not automatically result in child neglect, poverty in general is associated with increased instance of child maltreatment. Source: <https://www.childwelfare.gov/topics/can/factors/environmental/poverty/>

Advisory Council (CAC) to determine the services offered at the individual Family Success Center. The council members include residents and stakeholders (e.g., providers and faith-based community) in the neighborhood community. Each FSC must have 9-20 members on its CAC. At least 50 percent of the members must be residents in the targeted neighborhood. The CAC must be diverse in its make-up (gender, race, ethnicity, parental role, youth, etc. overall diverse). The CAC has a one-year commitment, and each member must attend at least one meeting each month. The individual centers are using a family strengthening model to increase protective factors, mitigate trauma, fill in gaps in services, and set families up for successful outcomes. The Family Success Centers have also been a resource for families to call regarding information on how to receive COVID vaccinations. At the beginning of the pandemic, the Success Centers were still in the planning phase, however throughout the pandemic the centers were able to help provide services for the members of the community to include food distribution, diaper banks, care packages, etc.

At present, the Family Success Centers are addressing the following top needs:

- ▶ Access to health information, including resources for anxiety, depression, and mental health
- ▶ Educational support (e.g., access to reliable internet, tutoring)
- ▶ Financial assistance
- ▶ Food security
- ▶ Stable housing
- ▶ Youth recreational activities

Currently, there are neighborhood-based Family Success Centers located in Wards 7 and 8. However, Ward 5 has the next highest area of need. To expand the upstream prevention model, CFSA plans to support the establishment of a new Family Success Center in Ward 5 using the same model as the other Family Success Centers.

In addition to the above, CFSA identified a small population of younger children with significant behavioral challenges who could benefit from a local psychiatric residential treatment facility (PRTF), versus the available non-local PRTFs that are currently included in CFSA's placement array. To address the identified need, the District explored the possibility of building a small PRTF in the District or surrounding area. Despite concerted efforts during the procurement process, CFSA encountered challenges identifying a provider to build and develop such a local PRTF. CFSA has subsequently determined that a less restrictive but still intensive placement solution will appropriately meet the needs of the same population. As a

result, CFSA will contract for additional professional foster parents to offer smaller, yet intensive and supportive environments that provide the necessary clinical and therapeutic-based services.

CFSA vendors and improve the quality of their services in those non-local jurisdictions. CFSA continued to seek a PRTF that operate evidence-based programs to support youth with specialized needs (including youth who are being sex trafficked). Staff serving on the CJA, SLO¹²² and CSEC committees have reached out to their respective networks to gather information on the following inquiries from other jurisdictions:

- ▶ What is your jurisdiction's process for identifying and recruiting PRTF providers?
- ▶ Are you aware of any challenges your process caused the PRTF vendor?
- ▶ Are you aware of benefits or reasons that attracted a PRTF vendor to your jurisdiction?

FY 2021 APSR Update

CFSA's Family First 5-year plan and Families First DC directly responds to service delivery in the community that supports the needs of child welfare clients and prevents families from becoming involved CFSA. The Family First plan and the APSR update of the plan describe the services that address needs described by stakeholders. The Families First DC update demonstrates an approach that considers the whole family, and includes community-centered, neighborhood-based, upstream prevention service delivery. Updates to the service delivery structure will be provided in next year's APSR after the Agency has completed the planning phase.

CFSA expanded its placement array and associated services by contracting with an intensive family-based provider that works with professional resource parents and resource parents that provide a 90-day stabilization and observation period for youth with higher needs (all described earlier in the APSR). In addition to providing placement resources for youth with autism (e.g., therapeutic group homes), CFSA is developing a request for proposals to contract with a psychiatric residential treatment program in the District of Columbia. The contract is based on an identified need to place youth (ages 8- to 18 years old) who need short-term psychiatric residential treatment. Currently, there is no psychiatric residential treatment facility in the District of Columbia. For youth in need of such treatment, the Agency must seek placements in other jurisdictions, often hundreds of miles away from the youth's family, school and friends. Having a residential treatment facility in the District of Columbia will help maintain family connections, allow for frequent visitation and facilitate family involvement with treatment planning.

¹²² State Liaison Office

SYSTEMIC FACTOR 6: AGENCY RESPONSIVENESS TO THE COMMUNITY

OVERVIEW

CURRENT FUNCTIONING OF AGENCY RESPONSIVENESS

CFSA regularly seeks input from internal and external stakeholders for purposes of assessing current performance, identifying gaps in services, and determining where improvement is needed with regard to practice and systemic issues. The Agency also takes opportunities to share progress throughout the year during stakeholder meetings and through the sharing of published reports.

POLICY

Although the Agency has no specific policy related to the quality of CFSA's community responsiveness, CFSA's regular practice includes stakeholder participation for developing or updating policies and practices, as well as stakeholder feedback for informing resource development. The Agency also relies heavily on community stakeholders' input for developing the annual Needs Assessment. Historically, the Needs Assessment focused on CFSA's placement needs, which helped to inform CFSA's Resource Development Plan (RDP). The Agency has since broadened the scope of the Needs Assessment to address needs across the continuum of care. The RDP continues to address all resource needs as reflected by internal and external stakeholders.

As cited previously in the CFSP, OPPPS used several means to gain qualitative insights into which best practices are effective and which services are needed and effective for families at any given point along the child welfare continuum. Via CFSA's Office of Public Information, OPPPS distributed two self-administered online surveys in 2019: one survey captured the voices of youth, birth parents and resource parents, while the second survey captured the voices of CFSA and CFSA-contracted social workers, family support workers, and supervisors. Respondents had four weeks to complete the survey (April 11 - May 10, 2019). A total of 271 respondents accessed the surveys. Of those respondents, 135 fully completed the surveys; 136 respondents partially completed the surveys.

ONGOING CONFORMITY WITH SYSTEMIC FACTOR

As a result of the 2016 CFSR, the District of Columbia received an overall rating of Strength and was found to be in substantial conformity for Agency Responsiveness (Items 31 and 32). The District expects to continue conformity with these Items as it gathers feedback from stakeholders throughout each year and strengthens the CQI process, inclusive of a feedback loop

with community stakeholders. Data currently demonstrates that clients and stakeholders believe the Agency and its partners to communicate resources and respond to their needs.

In a survey of eight birth parents, seven parents addressed the effectiveness of the Agency's communications. Fifty-seven percent (n=4) considered communication was average between CFSA (and its partners) with birth parents. There was, however, effective communication with regard to the initiation of the PEER mentor program in June 2018; respondents stated that they received sufficient information on resources from their PEER.¹²³

For communication between CFSA and resource parents, 32 resource parents completed the survey. Forty-four percent (n=14) indicated that communication of available resources was "ineffective-to-very ineffective" while 25 percent (n=8) felt communication was "effective-to-very effective."

Of the 96 social workers who completed the survey, 30 percent (n=29) considered the communication regarding resources was average, 33 percent (n=32) said "effective-to-very effective" with only 13 percent (n=12) stating that communication was "ineffective-to-very ineffective." The remaining respondents (24 percent, n=23) were unsure about the effectiveness of communication.

In general, respondents commented that there is more communication between the Agency and its partners and stakeholders than in the past. Nevertheless, there is room for improvement because clients and resource parents are still not fully aware or adequately informed about community resources.

FY 2022 APSR Update

Of the 168 child welfare professionals who completed the Needs Assessment survey question, "How effective is the Agency and its placement partners in making resources known," 45 percent (n=40) considered the communication regarding resources as "effective to very effective" while 27 percent (n=24) responded, "average effectiveness". Nearly seven percent (n=6) stated that communication was "ineffective-to-very ineffective." The remaining respondents (20 percent, n=18) were unsure about the effectiveness of communication.

For communication between CFSA and resource parents, 22 resource parents completed this survey question. Twenty-seven percent (n=6) said that communication was "effective to very

¹²³PEER specialists engage and support birth parents with children currently in the foster care system with a goal of reunification.

effective” while 27 percent (n=6) indicated that communication of available resources was “average effectiveness.” Forty-one percent (n=9) indicated communication was “ineffective-to-very ineffective.” Five percent (n=1) felt unsure as to how they would rate communication. The drop from average to ineffective correlates to resource parents feeling that communication declined over the past year during the pandemic, compounded with the past few years of social workers not understanding the service array in the District or within CFSA. The flow of communication continues to be inconsistent because the degree of knowledge changes across Agency administrations and private agencies. Respondents continue to advocate for the need of a centralized online database to search for resources. There was also a concern that when resources have been identified, the Agency does not require youth and families to participate, even when specific services will help them in the long-term. The Agency expects that with the launch of NowPow, the gap in worker resource knowledge will decrease.

In a focus group of nine birth parents and three PEERs, birth parents were asked how the Agency could be more responsive to their needs and communicate better with partners. Birth parents agreed that social workers should be more solution-focused and all workers should understand the availability of resources in the District or at least know how to search for services to support the parent.¹²⁴

The Agency continues to take feedback and make improvements as needed. The Agency director and leadership team continue to have three town halls per year and standard quarterly meetings for the Citizen Review Panel and the Mayor’s Advisory Committee on Child Abuse and Neglect. In addition, the Agency holds other ongoing forums to address ongoing concerns as stated in the Collaboration section of the APSR. Across various stakeholder groups, a main concern expressed is that social workers are not consistently practicing in the same manner nor providing the same level of detail to access needed resources. As these concerns arise, CFSA provides booster trainings, webinars, or enhancements to social workers’ evaluation goals in order to increase practice consistency across CFSA and the private agencies.

See Service Array for updates to policies and resource needs based on feedback.

FY 2021 APSR Update

CFSA has always been strongly committed to being responsive to stakeholders on an individual case level and on a system level. The Agency uses multiple methods to obtain information from stakeholders and to respond to stakeholders’ identified needs. The Collaboration section of the

¹²⁴PEER specialists engage and support birth parents with children currently in the foster care system with a goal of reunification.

APSR describes these multiple partnerships and provides concrete examples of the Agency's responses. There are additional examples of Agency responses to stakeholder needs included throughout the APSR. However, to respond to needs, the Agency must first rely on direct feedback from stakeholders. As noted, CFSA surveyed and facilitated focus groups for the 2020 Needs Assessment. The following results have also informed the APSR:

Of the 141 child welfare professionals who completed the Needs Assessment survey question, "How effective is the Agency and its placement partners in making resources known?", 40 percent (n=57) considered the communication regarding resources as "effective to very effective" while 34 percent (n=48) responded, "average to effective". Nine percent (n=18) stated that communication was "ineffective-to-very ineffective". The remaining respondents (17 percent, n=24) were unsure about the effectiveness of communication.

In a survey of 17 birth parents, 15 of the parents responded to the question on the effectiveness of the Agency's communications. Fifty-three percent (n=8) considered communication as "effective-to-very effective" between CFSA and birth parents, which is an improvement from last year. Communication included CFSA's contracted partners (private agencies and the Collaboratives). However, birth parents have primarily attributed the increase in satisfaction to the Agency's PEER program. For example, the PEERS have engaged parents around case planning, services and Court proceedings, thus aiding parents in understanding the child welfare system more and increasing the possibility that they reunify with their child.¹²⁵

Twenty-six youth responded to the effectiveness of the Agency's communications, the majority of whom considered the communication average. Thirty-four percent (n=9) indicated that communication was "effective" while 23 percent (n=6) said that communication was "average". Twelve percent stated that communication with the Agency was "ineffective". The remaining respondents (31 percent, n=8) were unsure about how they would rate effectiveness of communication.

For communication between CFSA and resource parents, 19 resource parents completed this survey question. Fifteen percent (n=3) said that communication was "effective to very effective" while 42 percent (n=8) indicated that communication of available resources was "average" and 32 percent (n=6) indicated communication was "ineffective-to-very ineffective". Eleven percent (n=2) felt unsure as to how they would rate communication.

¹²⁵PEER specialists engage and support birth parents with children currently in the foster care system with a goal of reunification.

Lastly, another example of Agency responsiveness includes several listening sessions that CSFA held with community members regarding the process for submitting applications for a Child Protection Register check. Stakeholders expressed consistent frustrations over the timing and manual paper-based application process for individuals who need to prove that there is no history of child maltreatment. In response, the Agency converted the entire Child Protection Register application process to an online system. In addition, CFSA streamlined the application itself, included Spanish translations of the application, and implemented a set of clearly outlined instructions in English and Spanish.

STRENGTHS AND AREAS IN NEED OF IMPROVEMENT

Although CFSA and its partners do generally well with establishing community partnerships, stakeholders requested a publicly accessible list of current resources for social workers, resource parents and clients. Stakeholders also indicated that enhancement of timely communication, transparency and collaboration is an area in need of some improvement. Youth in particular suggested utilizing more forums, assemblies and text messaging to inform them of information and resources. At present, youth learn about resources through their guardian ad litem or social worker via emails or verbal communication. Resource parents and social workers concurred that “All Staff” and group meetings would be useful vehicles for distribution of resource information (versus emails).

FY 2022 APSR Update

In order to close the feedback loop on Agency responsiveness, i.e., needs, strengths, and areas in need of improvement, OPPPS held a debriefing session in the Fall of 2020 to discuss next steps in response to the concerns of stakeholders. Only prevalent themes that were mentioned across stakeholders or repeated from the previous year were elevated in this discussion.

Stakeholder Feedback: Stakeholders believe communication and transparency has improved overall with the Agency. One area identified for greater improvement included the need for a resource database in one central location where internal and external stakeholders can access the service array offered by the Agency.

- **CFSA Response:** Communication and teaming needs to improve across administrations.
 - **Action Step #1:** Improve communication across administrations. Create a single source to location information on services, to assist social workers and clients with navigation (e.g., familiar terms with definitions), and to eliminate confusion for stakeholders and child welfare professionals, in addition to eliminating outdated or scattered information. CISA is partnering with CFSA’s Office of Public Information, OPPPS, and individual program areas to improve online communication. Greater outreach and communication planning may require a

dedicated position with responsibility for streamlining resources and information across CFSA's administrations. This position would also be responsible for creating the one central online resource, monitoring necessary changes, and then communicating those changes throughout the child welfare community.

Stakeholder Feedback: Internal and external stakeholders were pleased with the listening sessions and town hall updates but would like them to continue, even if only virtually, for ongoing updates related to Families First and Family First (resources, status, etc.). There is a perception that CFSA lacks effective partnerships with sister agencies and other organizations in the District regarding information sharing for available resources. There was a repeated need expressed for one central repository of service information. Social workers commented not knowing where such a repository exists while clients have commented that the CFSA website does not provide a single repository for service options. Clients (i.e., resource and birth parents, and youth) would like the same service information access as social workers. Clients continue to experience delays in social worker notification of available resources (or unavailable resources). There are times when a client learns that another CFSA client has received a similar resource, which compounds confusion regarding differences in service accessibility. All stakeholders noted that birth parents should have access to the same resources as the resource parents. Specifically, stakeholders indicated the need for a prevention and permanency resource that supports birth parent training and caregiving skills for a child diagnosed with a disability or diagnosed with behavioral challenges.

- **CFSA Response:** Community Partnerships reviewed feedback and identified action steps for FY 2022. To roll out the NowPow resource, each administration identified a person for training in the resource database and serve as the navigation TA for their administration, but since people were still unaware of the resource including staff the communication plan for NowPow was revisited and implemented again in FY 2021. Eventually, the resource will also be transferred to the Family Success Centers. .
 - **Action Step #1:** Community Partnerships continues to monitor feedback for ongoing improvements to communicating the existence and access to the NowPow resource. In addition, Community Partnerships is developing a process to include additional needed resources into the NowPow database as those resources become known..

For all respondents, strengthening the relationship between CFSA and its partners means continuing 1) timely and ongoing transparent communication, 2) inclusive collaboration and teaming across clients and community partners, 3) improved resource communication planning and 4) training on management of youth with challenging behaviors for resource parents and birth parents.

During CY 2020, the Agency ombudsman received complaints with COVID-19 being referenced in more than half. Based on these complaints, the ombudsman focused on improving partnership, flexibility, and communication between the complainants and CFSA staff, and service providers. Understandably COVID-19 compounded any prior unaddressed concerns and challenges received from stakeholders left unaddressed. Concerns fell into the following categories:

- ▶ Safety and Risk
- ▶ Case Management
- ▶ Communication and Customer Service
- ▶ Services and Records

Of the 135 complaints that the Agency addressed in CY 2020, 43 percent (n=58) were resolved by educating the complainant on CFSA policies or by providing information that would allow the individual to make an informed decision. Thirty percent (n=40) of the concerns required direct assistance or intervention through mediation, negotiation, or the facilitation of dialogue. The remaining 27 percent (n=37) resulted in referrals to internal or external parties. More details can be found in the Ombudsman [Annual Report](#).

The feedback loop at CFSA continues to improve as the Agency diligently seeks to communicate resources and information through various methods that would accommodate a diverse pool of stakeholders.

FY 2021 APSR Update

Based on respondents' comments in surveys and focus groups, the feedback loop at CFSA is improving. CFSA and its partners have continued to receive feedback from the public and incorporate such feedback into Agency processes. In addition, CFSA has increased invitations to stakeholders to participate in reviews of Agency processes (e.g., in-person and virtual surveys, focus groups, listening sessions, town halls).

The Agency's progress toward incorporating stakeholder feedback begins with feedback from youth. Youth feedback, from both the survey (n=26) and focus group (n=7), provided the general consensus that social workers could improve the timely communication of resources for youth and then assist youth with connecting to those resources. Youth suggested incorporating youth more often into meetings and hearings and utilizing more forums and assemblies. Youth also requested social workers to simply answer the phone, and text messaging to inform them of information and resources.

Like the youth, resource parents also wanted to be included in meetings more often, and they wanted greater teaming. Resource parents desired more timely communication of resources and also more timely preparation for when a youth transitions to permanency. Although a specified time frame for any communications was not provided, resource parents felt they would need to do less asking about resources or permanency matters if they were included in all team meetings and court processes. Additional feedback included greater resource parent understanding of what removal and permanency look like from the perspective of the youth and the Agency. Resource parents also requested greater childcare supports and an online portal of resources.

Child welfare professionals echoed clients in how the Agency and its placement partners could improve responsiveness. Examples include communication, collaboration with DC providers and sister agencies (including the school system), increased cultural competence (among staff and resource parents), and a central services repository accessible to resource parents.

CFSA is either in process of responding or has already responded to this feedback in a variety of ways. Regarding collaboration efforts with the schools, management staff from Entry Services currently have routine meetings with representatives from the school system. Regarding cultural competence, the Agency's Child Welfare Training Academy has already developed a cultural humility training (piloted two classes) and is currently in the development process for a transracial parenting training during FY 2020. Regarding communication in general, CFSA has established multiple methods of information-sharing methods, based on resource parent requests per the Parent Advisory Committee and townhall sessions. For example, the Agency has modified the Placement Passport to allow more information on the child to be shared with the resource parents. In addition, CFSA developed several new FAQs to answer questions on topics of particular interest to resource parents (integrated and separate from the Resource Parent Handbook). Additional communication enhancements include the BOND program (discussed in the APSR) which functions as a consistent source of communication flow.

All stakeholders have continued to acknowledge CFSA's improvements to engaging the public. Stakeholders also mentioned the need to continue community engagement through CFSA's townhalls, listening sessions, and focus groups and surveys. The only common complaint was the timing of public sessions, which would frequently conflict with birth and resource parent daily schedules. The Agency agreed and began offering virtual sessions at different times in afternoons and after the work day or school, even as late as 7:00 pm and 8:00 pm, in order to accommodate the parents' schedules.

PLANNED ACTIVITIES

CFSA regularly consults with and solicits feedback from internal and external stakeholders to determine the District's effectiveness in fully responding to and engaging the community for serving children and families. Feedback may come from standard meetings, special focus groups, surveys, interviews for certain documents, and lastly, reports. CFSA also holds information sharing meetings with several stakeholders, including judges from the Family Court, staff from the Collaboratives, resource parents, birth parents, and youth. The Agency also includes stakeholders representing District partners from each multidisciplinary task force, e.g., the Foster and Adoptive Family Advocacy Center (FAPAC), Parent Advisory Council (PAC), Mayor's Advisory Council on Child Abuse and Neglect (MACCAN) and the Children's Justice Act (CJA). For more information, refer to the Collaboration and Vision Section.

The Agency is also utilizing the application, NowPow,¹²⁶ to create an online resource directory. Concurrent work continues on the development of an online Community Resource Directory that will feature a custom module with tools and resources that address the particular needs of Kinship Caregivers. Users of the directory will be able to search for services and resources by location and service type, and to make contact with providers via text messaging, which will streamline the referral and intake process. Initial implementation will be for the Kinship Caregiver Mobile Support Line operators only, with the intent of releasing a public-facing application thereafter. Roll-out for the directory is planned for FY late 2019.

During CFSA's 2019 oversight hearings, stakeholders praised CFSA's efforts for creating avenues for feedback in the development phases of programming yet requested that they be consulted prior to final decisions on issues that impact providers and their clients. Although CFSA began this process with the establishing of a Prevention Work Group that included stakeholders across the District to inform the Family First proposal, the Agency also considered this concern in the creation of federal plans as well as in the development of the upcoming Resource Development Plan.

FY 2022 APSR Update

Planned Activities

Stakeholder meetings by topic or stakeholder grouping (e.g., resource parents, youth, birth parents, providers, etc.) are ongoing and organized by OPPPS or Program Operations. OPPPS has supported the Agency's feedback loop by hosting ongoing, virtual resource parent feedback sessions on policy and programming. The topics relate to youth transition planning and resource

¹²⁶ The NowPow application is a platform that can be used for matched, shared, tracked and coordinated referrals. NowPow also functions as an e-prescribe capability for the entire risk spectrum of a community and for a wide array of basic needs and chronic conditions.

parent and child well-being. OPPPS is currently developing next steps for Program Operations to address the concerns of resource parents.

The Agency continues to conduct Lean Events for units across each administration (26 lean events occurred over this past year). Lean teams invest a week, inclusive of an internal and external stakeholder feedback session, to identify work efficiencies that will deliver a valued customer service or product. To determine if outcomes are met and if there is a return on investment, the following questions are asked of Lean Event teams:

- ▶ How often are you meeting with teams to review status of tasks?
- ▶ How do you track progress?
- ▶ Are there any subgroups working implementation activities? If yes, what are examples?
- ▶ What is the status of your implementation activities?
- ▶ Are there challenges from another unit for dependencies to happen to move forward? What are examples?
- ▶ Any budget implications?
- ▶ What do you need for internal support to move your implementation activities forward?

As mentioned under *Service Array: Planned Activities*, the District of Columbia was selected as a jurisdiction for implementation of the Thriving Families, Safer Children: A National Commitment to Well-Being Initiative. Participation will require input from sister government agencies, local providers, and other stakeholders to determine how the District will achieve a more collaborative system and improve service provision for DC's most vulnerable families and children.

FY 2021 APSR Update

Planned Activities

The Agency's commitment to continuous quality improvement, particularly as it relates to the feedback loop process, includes the ongoing townhalls, listening sessions, engagement in stakeholder-based committees (see Collaboration section in the APSR), meetings scheduled because of requests, attendance at the Citizens Review Panel (CRP) Townhall session, and other methods of capturing stakeholder feedback and overall Agency responsiveness described in the APSR. Regarding the CRP Townhall, the Agency first collaborated with the CRP in November 2019 to hold a townhall meeting to solicit public input on CFSA and child welfare contractors. The CRP is including this feedback and its analysis in the CRP 2020 Annual Report, which the CRP also submits to the Executive Office of the Mayor. As part of the CRP and CFSA partnership, CFSA

provided a response to the CRP townhall recommendations (included with the APSR submission). CFSA also responded to the CRP annual report with a supplemental In-home Services Report, which the CRP posted on its website.

Separately from the CRP townhall, on January 30, 2020, the Agency held the first of its quarterly townhall meetings for resource parents and the community. In addition to CFSA leadership and staff, approximately 60 people attended. The agenda included an overview of CFSA (e.g., organizational structure and current policy) and of the District's child welfare system (e.g., client demographics, Agency performance data and resource family supports). Also included on the agenda was time for participants to engage in a "poster walk" to provide information, answer questions and gain feedback. The poster walk feedback revealed three main themes:

- ▶ More focus should be given to the needs of teens and youth who are aging out of care, including providing lifelong connections and support.
- ▶ There should be greater support for resource parents, particularly with improvement to the crisis response program.
- ▶ Improvement is needed in communication about programming, services, and planning for children and families.

Additional feedback comes from the Agency's listening sessions. Prior to the COVID-19 stay-at-home order, the District hosted two listening sessions (March 5, 2020 and March 7, 2020) for birth and resource parents to discuss their experiences with the Agency. The goal of these listening sessions was to discuss ways of improving working relationships between birth parents, resource parents and the Agency. The Agency specifically sought feedback on how CFSA can better serve resource and birth parents. A report-out from these sessions is in process. Already, however, there is feedback regarding supports for birth and resource parents as well as the need for specific resources. Examples of specific resources includes utilization of the mobile crisis mobilization units and how the community can support resource parents to be more prepared to manage a youth in crisis. Birth parents requested more inclusion in family team meetings and court hearings and receiving more visitation and therapeutic services. Finally, birth parents requested improved legal resources along with improved post-removal supports.

As stated above, CFSA heard from the resource parents that greater support was needed for crisis response. In response, CFSA is planning to train resource parent support workers in a crisis response model, which will allow CFSA to bring the crisis response service in-house with 24/7 access. Planning continues with implementation anticipated in FY 2021. CFSA has already trained the support workers on a parent coaching model so they can provide such coaching to resource parents.

Lastly, the District has also released three CFSA “explainer videos” in response to input from the staff, birth and resource parents and youth. The videos capture honest experiences and provide the perspectives of a child ages 3-10, older youth ages 11 and up, and birth parents. The videos explain what to expect when you as a birth parent, resource parent or child come to the attention of the child welfare agency. The videos also provide clear, consistent and comforting messages regarding the trauma around removal. The storyline normalizes the unknowns as well as demonstrates the understanding and teaming atmosphere clients should expect. All three videos are available on the CFSA website. The children view the video when they assigned a CFSA therapist. Each child also gets a “worry eater” doll to help them process their entry in foster care. Based on feedback from the 2020 Needs Assessment, the Agency will look at more ways to inform the broader public about these video resources.

SYSTEMIC FACTOR 7: FOSTER AND ADOPTIVE PARENT LICENSING RECRUITMENT, AND RETENTION.

ITEM 33: STANDARDS APPLIED EQUALLY

Overview

During the 2016 CFSR, CFSA received an overall strength rating for this item. CFSA has a licensing, recruitment, and retention system that is functioning statewide to ensure that state standards are applied to all licensed foster family homes and childcare institutions.

Local Regulations

The District of Columbia’s Municipal Regulations (DCMR) Title 29 sets forth licensing standards in Chapter 60 for foster, kinship, and adoptive homes; Chapter 62 for youth residential facilities (YRF); and, Chapter 63 for independent living programs (ILP). Because of the level of operational detail in the municipal regulations, the chapters operate as policies to guide Agency licensing. The chapters also reflect federal requirements for licensure of foster care providers and child caring institutions. CFSA policies reinforce all three regulations and provide detailed licensing protocols for staff and contracted partners.¹²⁷ The District’s regulations and the Agency’s policies are available online for the provider community and the community-at-large.

Standards for Foster Family Homes

[Chapter 60](#) is comprehensive in scope, addressing high-level requirements, personal role-based rights and responsibilities, child safety and security, interior and exterior environmental

¹²⁷ CFSA’s licensing policies include Facility Licensing, Foster Parent Licensing (currently under review), and Temporary Licensing for Kinship Homes.

requirements, behavioral expectations (of social workers, resource parents, and children in care), family integration, behavioral management, child well-being, community engagement and support, and of course, the home study and application process itself. Programmatically, the chapters highlight the collaborative nature of social work and emphasize the concept of teaming, transparency, and a mutual respect among a child's team members that is fundamental to the successful outcomes for children. The chapters also define the application activities, inspections, training, and documentation that must be completed for every prospective resource parent and for existing resource parents wishing to renew their licenses.

As of April 2019, approximately half of the District's foster care population resides outside of the District's boundaries; the vast majority of this out-of-state population resides in nearby communities in Maryland. CFSA has a contractual engagement with a single Maryland-based private child placing agency (CPA) to facilitate placements in that state. The CPA has the authority under Maryland law to license and approve foster family homes according to the Code of Maryland Regulations (COMAR). CFSA also contractually obligates the CPA to apply the District licensing standards to its foster family homes in Maryland when and if the District's standards are more stringent than those outlined in COMAR. For instance, there are differences in the two jurisdictions approach to background checks. COMAR's requirements for background checks extend to prospective resource parents only as part of the initial licensing process, whereas the District requires periodic criminal and Child Protection Registry (CPR) checks for licensed resource parents to maintain their licensure. Accordingly, CFSA requires its CPA partners' family-based resource parents to obtain regular periodic background checks according to the District's schedule.

Chapter 60 details the non-safety related licensing standards that the Agency may waive on a case-by-case basis for kinship caregivers. District regulations give CFSA the authority to issue temporary kinship caregiver licenses to kin who meet certain minimum safety requirements and who can accommodate the immediate placement of their young relatives. Thereafter, CFSA works with the caregivers to complete all the necessary licensure components, including pre-service foster care provider training, within 120 days of the child's placement in their home.

Standards for Youth Residential Facilities (YRF) and Independent Living Programs (ILP)
District regulations in 29 DCMR Chapters 62 and 63 share many commonalities among their respective requirements while still distinguishing between the two placement settings. For example, the standards in 29 DCMR Ch. 62 are clearly articulated across the licensing domains of operating procedures; building, grounds, and equipment; interior space and physical plant; fire and carbon monoxide protection; sanitation; utilities and hygiene facilities; personnel policies; staff development; documentation and recordkeeping (including background check

requirements for staff); confidentiality; and the timeliness of completion of required activities for licensure.

Most of these requirements are reiterated in 29 DCMR Ch.63, albeit with differences in the physical plant, staffing, monitoring, and other programmatic requirements that account for the higher level of independence granted to youth in this setting. Others are unique to ILP programming and service modality (e.g., initial individual transitional independent living plans).

Practice and Performance

The District has a uniform licensing process within its three typical placement types: traditional foster family homes, kinship foster family homes, and congregate care facilities. To facilitate placements outside the District, CFSA maintains a unique “border agreement” with Maryland that maximizes CFSA’s ability to efficiently access placement resources (both traditional and kinship) in the nearby Maryland communities.

Foster Family Home Licensing Practice

Within CFSA’s Planning, Policy, and Program Support Administration (PPPSA), the Family Licensing and Re-Licensing Units are collectively responsible for carrying out the mandates of 29 DCMR Ch. 60 regarding traditional foster family homes. The licensing and re-licensing operation is centralized within one administration under a single program manager and two supervisory units of licensing supervisors and staff. Licensed foster care providers are assigned a resource parent support worker to provide consultation and support during ongoing placements and to facilitate re-licensure over time.

For foster care providers in Maryland, CFSA’s single child-placing agency partner is responsible for meeting the COMAR licensing requirements and any further requirements included in its contract with CFSA. CFSA’s CPA partner is responsible for licensing these homes, some of which are therapeutic family-based homes for children with complex needs.

FY 2022 APSR Update

To ensure the safety of resource parents as well as licensing and relicensing workers during the COVID-19 public health emergency, CFSA ensured virtual visits for home inspections, clinical assessments, and assessments for the safety and compliance of resource homes. Staff completed the virtual visits through FaceTime video, picture mail, and secure laptop cameras. However, licensing staff members completed in-person visits for homes that needed more investigation and assistance.

Pandemic-related delays to the licensing and relicensing of resource parents included impediments to obtaining medical exams, background clearances, and Clean Hands Certificates.¹²⁸ To remedy these delays, CFSA extended the timing for completion of initial or renewal of licensure 45 days beyond the end of the public health emergency per the [COVID-19 Response Emergency Amendment Act of 2020](#).

In addition, the Agency devised new exceptions to support resource parents having difficulty obtaining their Clean Hands Certificates during the pandemic. Licensing staff created a manual Clean Hands form after extensive meetings were held to establish working relationships with the Clean Hands office staff. As a result of the partnering between CFSA and the Clean Hands office staff, a new email-based process allowed for more than 30 resource parents to obtain certificates with a signed release during the pandemic.

The Maryland Border Agreement and Kinship Home Licensing Practice

Within CFSA's Office of the Deputy Director for Program Operations, the Kinship Unit is responsible for carrying out the mandates of 29 DCMR Ch. 60 that apply to kinship caregiver licensure as well as traditional foster family homes. The kinship licensing operation is centralized under a single program manager and two supervisory units of licensing supervisors and staff. The District has unique geographic dynamics that impact child welfare operations. A great many children who enter into the foster care system have relatives who reside in nearby Maryland state counties, resulting in many kinship placements.

CFSA ensures a smooth relationship with Maryland-based placements under a 2013 border agreement that allows both Maryland and the District to streamline licensure for timely placements. The agreement allows each party to make temporary placements without having to complete an entire ICPC packet.¹²⁹ Exceptions occur when the child's permanency plan includes the interjurisdictional placement resource (e.g., adoption by the resource parent in the out-of-state jurisdiction). In these cases, the CPA must complete the entire packet. The Border Agreement emulates ICPC regulations in that both include provisions to 1) expedite the timely placement of children with emergency kinship providers, 2) allow CFSA to quickly and efficiently share key educational data with the lead education agencies (LEAs) of the Maryland counties, and 3) facilitate the joint monitoring of providers by oversight bodies in both jurisdictions.

¹²⁸ Clean Hands Certificate is a certificate issued by the DC Government to verify that an individual does not owe any money (e.g., taxes, parking fines) to the government.

¹²⁹ The Interstate Compact on the Placement of Children (ICPC) is a statutory agreement that sets forth the requirements that must be met before a child can be placed out of state. The Compact ensures prospective placements are safe and suitable before approval, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement.

While kinship foster parents are subject to the same licensure requirements in accordance with the same laws and regulations established for and applicable to non-kin foster homes, CFSA has established a process for temporary licensure of foster homes for kin residing within the District of Columbia and Maryland.

In FY 2018, CFSA issued 65 temporary licenses through the border agreement; Maryland issued another 46 licenses. This process has successfully expedited emergency placements for children with relatives who are willing and able to take on the role of caregiver. For example, a temporary license can allow immediate placement with kinship caregivers, provided the eligible caregiver is able to comply with the procedures described below. In addition, special considerations may be given to kinship caregivers when making licensing determinations that would be in the best interest of the child. The entire process is in compliance with guidelines set forth by CFSA policy and in accordance with Chapter 60.¹³⁰

District regulations allow the Agency to waive a non-safety-related licensing provision for potential kinship caregivers. After meeting the remaining licensing requirements, including all other Title IV-E foster care eligibility criteria for the children residing in such homes, CFSA will claim Title IV-E reimbursement for the foster care maintenance costs expended to the home. A comprehensive roster of “waivable” non-safety related requirements is detailed in the table below (based on 29 DCMR Ch.60 and CFSA’s policy on Licensing of Foster Homes for Kin). These waivers are granted on a case-by-case basis following a thorough assessment of all conditions in the prospective kinship home.

FY 2022 APSR Update

In FY 2020, CFSA issued 40 temporary licenses through the border agreement with Maryland. As of FY 2020-Q2, the Agency has issued 29 licenses.

FY 2021 APSR Update

In FY 2019, CFSA issued 52 temporary licenses through the border agreement with Maryland. As of FY 2020-Q2, the Agency has issued 25 licenses.

¹³⁰ CFSA licensure is currently concentrated in the District and Maryland only. Despite its proximity, licensure of kinship homes in Virginia has not been warranted, based on the demographics of families in the District, and the majority of relatives migrating to Maryland.

POTENTIALLY WAIVABLE NON-SAFETY RELATED REQUIREMENTS FOR KINSHIP CARE

DCMR Citation	Topic and Foster Parent Regulation and General Considerations for Waiver
§6001.2 §6027.3(a)	1. Age: A foster parent shall be at least 21 years of age. [Age 20 and above is considered appropriate for kinship foster parents. Kinship foster parents who are younger than 20 may be considered pending a social worker’s thorough assessment of the applicant’s emotional level of functioning and current situation.]
§6005.2	2. # of Children: Except as provided by § 6005.3 or § 6005.4, the total number of children in a foster home: (a) May not exceed six children; (b) May not exceed two children under two years of age;(c) May not exceed three children under six years of age; and (d) May not exceed three foster children. [Clinical safety assessment may allow for relaxation of these requirements.]
§6007.14	3. Space: A foster home shall have living room or family room space that is adequately furnished and accessible to all members of the household, including foster children. [Clinical safety assessment may allow for relaxation of these requirements.]
§6007.15	4. Space: A foster home shall have a designated dining area. [Clinical safety assessment may allow for relaxation of these requirements.]
§6007.17	5. Sleeping Arrangements: A foster child under 14 years of age may not sleep in a bedroom located in the basement. [Finished basements may be considered appropriate living spaces for children if the foster parent’s bedroom is located within calling distance or one floor of the child’s bedroom. Assessed as clinically appropriate for child to be on a different level as the foster parents or guardians and determined on a case-by-case basis. Note: a foster child’s bedroom must have at least two means of egress, each on a different side of the room.]
§6007.18	6. Sleeping Arrangements: A foster child's bedroom shall be sufficient in size to provide for the safety, privacy, and comfort of the foster child. The following bedroom sizes shall be used as general guidelines for adequate square footage:(a) Seventy (70) square feet for one foster child; (b) One hundred (100) square feet for two (2) foster children; and (c)One hundred fifty (150) square feet for three foster children. [CFSA may license a foster home with bedrooms that do not meet the general guidelines in § 6007.18 if CFSA finds and has documented that the available space is adequate to provide for safety, privacy, and comfort of each foster child.]
§6007.20	7. Sleeping Arrangements: No more than three children may share a room regardless of the room's size. [The space must be assessed as adequate and able to pass fire inspection.]
§6007.22	8. Sleeping Arrangements: No foster child over 18 months of age may share a bedroom with an adult. [Allowable for medically-fragile children and may be evaluated case-by-case.]
§6026.1	9. Training: An applicant shall participate in an orientation program offered by the Agency. [Training need not be completed prior to placement of a relative child in the home. Kin caregivers are to complete pre-service training within 120 days of placement.]

POTENTIALLY WAIVABLE NON-SAFETY RELATED REQUIREMENTS FOR KINSHIP CARE

DCMR Citation	Topic and Foster Parent Regulation and General Considerations for Waiver
§6001.6	10. Income: A foster parent shall have sufficient family income to meet the reasonable living needs of his or her own family without relying on foster care board and care payments. [Clinical safety assessment may allow for relaxation of these requirements.]
§6008.4(b)(1)	11. Fraud: CFSA may not license an individual as a foster parent if that individual or any person 18 years of age or older residing in the prospective foster home has a conviction of fraud. [CFSA may determine that, despite the conviction, placement with the prospective kin caregiver does not represent a safety-risk and is in the child’s best interests.]

District regulations also authorize the Agency to waive or override certain safety-related licensing requirements, such as a prohibited (per federal or local law) criminal conviction or a positive return on a CPR check. Such cases are rare and they require the approval of the Agency director who must determine that the child’s placement with the relative would be in the child’s best interest (after the adult relative’s satisfactory completion of all other District licensure requirements and a review of the child abuse or neglect case and current circumstances). The relative must be able to provide care for foster children consistent with the requirements of 29 DCMR Ch. 60. CFSA does not claim Title IV-E foster care maintenance payments for expenditures made on behalf of children residing in these homes when the CFSA director approves an override.

Licensing Practice for Youth Residential Facilities (YRF) and Independent Living Programs (ILP)
 The CFSA Office of Facility Licensing (OFL), housed under PPPSA, licenses YRFs and ILPs in the District. The OFL staff includes a program manager and five licensing staff persons within the same business unit who guide the YRF and ILP licensing process in compliance with Chapters 62 and 63, and in compliance with [CFSA’s Facility Licensing Policy](#).

The OFL manager vets and approves or denies every YRF or ILP license granted in the District. Per OFL business processes, once a prospective YRF or ILP provider submits a completed application for an original license (versus a renewal license), the OFL manager must respond within 90 days for the YRF and 60 days for an ILP. At the close of FY 2018, 65 youth in foster care resided in a District-based licensed YRF or ILP.

The Agency’s Contracts Monitoring Division has a Monitoring Activity Plan for each of its contracted private agency (CPA) and congregate care partners. The Monitoring Activity Plan is a template against which CFSA staff evaluates contractor performance to ensure compliance with

applicable District licensure requirements. The tool is used for every provider (within each service category as outlined below) irrespective of the jurisdiction in which the provider is operating. If providers are found to be out of compliance with regulatory requirements during the re-licensing process, monitors will work with the provider to develop a tailored corrective action plan (CAP). The CAP must document the compliance issues and outline the steps necessary for the provider to remedy the issues within a reasonable time period.

FY 2022 APSR Update

The Office of Facility Licensing is responsible for licensing youth residential facilities (YRF) and independent living programs (ILP). Staffing in OFL includes a program manager, supervisor, three licensing staff, and one sanitarian staff. The OFL supervisor vets and approves or denies every YRF or (ILP) license granted in the District. Additionally, this unit is responsible for licensing congregate care facilities that are not contracted with CFSA. Per OFL business processes, once a prospective YRF or ILP provider submits a completed application for an original license (versus a renewal license), the OFL supervisor must respond within 90 days for the YRF and 60 days for an ILP.

During the public health emergency, OFL issued license extensions to five out of its seven contracted providers and one extension to a non-contracted provider. OFL also conducted virtual licensure renewals for all programmatic reviews. The sanitarian completed sanitation and environmental inspections both virtually and in-person, using recommended and approved safety standards and protocols. OFL also developed and implemented a modification document that served as a guide for specific requirements during the completion of licensing renewal tasks in the midst of the COVID-19 pandemic.

Also, during the pandemic, OFL developed a memorandum regarding Congregate Care Licensing Protocols. The memorandum covers employee approvals, requests for variances and modifications, institutional investigations and special oversight, annual renewals, and sanitation and environmental inspections.

At the close of FY 2020, 75 youth in foster care resided in either a District-based licensed YRF or ILP.

FY 2021 APSR Update

On July 9, 2018, the Children's Bureau (CB) issued a Program Instruction (PI) to title IV-E agencies on amendments required to be made to agency's Title IV-E Foster Care and Adoption Assistance Plan to address provisions amended or added by The Family First Prevention Services Act (FFPSA). On March 31, 2019, the District submitted a title IV-E plan amendment to the Children's

Bureau (CB) regional office. A revised amendment was submitted on January 23, 2020 to address additional information needed based on the review. On January 29, 2020, the CB approved the revised District title IV-E plan addressing the requirements of the FFPSA with an effective date of January 1, 2020.

Title IV-E plan provisions effective in federal law on April 1, 2019 that addressed model licensing standards for foster family homes included providing specific and detailed information about:

- ▶ Whether the agency foster family home licensing standards are consistent with the model licensing standards identified by HHS and if not, the reason for the deviation; and,
- ▶ Whether the agency waives non-safety licensing standards for relative foster family homes, and if so, how caseworkers are trained to use the waiver authority and whether the agency has developed a process or provided tools to assist caseworkers in waiving these non-safety standards to quickly place children with relatives.

District of Columbia Child and Family Services Agency Title IV-E State Plan Amendment for Model Foster Family Home Licensing Standards

Subject Standards Heading	Requirement	State Regulatory, Statutory, and Policy References
A. Foster Family Home Eligibility	Foster Family Home Eligibility: A foster family home license includes the following: a. Threshold Requirements <ul style="list-style-type: none"> i. Applicants must be age 18 or older. ii. Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child(ren) in foster care. iii. Applicants must be able to communicate with the child, the title IV-E agency, health care providers, and other service providers. iv. At least one applicant in the home must have functional literacy, such as having the ability to read medication labels. 	<ul style="list-style-type: none"> i. 29 DCMR 6001.2 ii. 6001.6 iii. 6001.1 iv. 6002.1(k) & (j), 6019.7
	b. Physical and Mental Health: All applicants must have recent (conducted within the prior 12 months) physical exams from a licensed health care professional that indicate that the applicants are capable of caring for an additional child or children. <ul style="list-style-type: none"> i. All household members must disclose current mental health and/or substance abuse issues. ii. All household members must provide information on their physical and mental health 	29 DCMR 6001.3 & 6001.4 <ul style="list-style-type: none"> i. 6001.4, CFSA Licensing Application (Sensitive Subjects)

Subject Standards Heading	Requirement	State Regulatory, Statutory, and Policy References
	<p>history, including any history of drug or alcohol abuse or treatment.</p> <ul style="list-style-type: none"> iii. The title IV-E agency may require further documentation and/or evaluation to determine the suitability of the home. iv. All children who are household members must be up to date on immunizations consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP), unless the immunization is contrary to the child’s health as documented by a licensed health care professional. v. All household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual’s health as documented by a licensed health care professional. vi. All household members who will be caregivers of infants and children with special medical needs must have an up-to-date annual influenza vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual’s health as documented by a licensed health care professional. 	<ul style="list-style-type: none"> ii. 6001.4, CFSA Licensing Application (Sensitive Subjects) iii. 6001.4 iv. 6001.5 & DOH Standards v. See SPA transmittal letter vi. See SPA transmittal letter
	<p>c. Background Checks Applicants must submit to criminal record and child abuse and neglect registry checks as required in section 471(a)(20) of the Social Security Act (the Act).</p>	<p>DC Code Title 4-1501.03(b) 29 DCMR 6001.7</p>
	<p>d. Home Study: Applicants must have completed an agency home study, which is a written comprehensive family assessment to include the following elements:</p> <ul style="list-style-type: none"> i. At least one scheduled on-site visit to assess the home to ensure that it meets the state, tribal and/or local standards applicable to the safety and care of the home; ii. At least one scheduled in-home interview for each household member to observe family functioning and assess the family’s capacity to 	<p>29 DCMR 6028</p> <ul style="list-style-type: none"> i. 6028.3(b) ii. 6028.3(b) iii. 6028.3(b) iv. 6028.3(c) <p>CFSA Licensing Application</p>

Subject Standards Heading	Requirement	State Regulatory, Statutory, and Policy References
	<p>meet the needs of a child or children in foster care;</p> <p>iii. The title IV-E agency has discretion on whether to interview or observe each household member based on his or her age and development; and</p> <p>iv. Multiple applicant references that attest to the capability of the applicant to care for the child, including at least one from a relative and one from a non-relative.</p>	
B. Foster Family Home Health and Safety – Living Space	<p>B. Foster Family Home Health and Safety</p> <p>a. Living Space: The home must be a house, mobile home, housing unit or apartment occupied by an individual or a family. The home must have:</p> <p>i. An adequate supply of safe drinking water;</p> <p>ii. A properly operating kitchen with a sink, refrigerator, stove, and oven;</p> <p>iii. At least one toilet, sink and tub or shower in operating condition;</p> <p>iv. Heating and/or cooling as required by the geographic area, consistent with accepted community standards and in safe operating condition; and</p> <p>v. A working phone or access to a working phone in close walking proximity.</p>	<p>i. 6007.27 & 6011</p> <p>ii. 6007.13</p> <p>iii. 6007.27</p> <p>iv. 6007.2</p> <p>v. 6007.6</p> <p>CFSA Licensing Application (Basic Reqs to Maintain Foster Home License)</p>
Foster Family Home Health and Safety – Condition of the Home	<p>b. Condition of the Home: The applicant’s home, grounds, and all structures on the grounds of the property must be properly maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards. The interior and exterior must be free from dangerous objects and conditions, and from hazardous materials. The home must meet the following requirements:</p> <p>i. Have adequate lighting, ventilation and proper trash and recycling disposal, if recycling is available;</p> <p>ii. Be free from rodents and insect infestation.</p> <p>iii. Proper water heater temperature;</p> <p>iv. Weapons and ammunition (separately) stored, locked, unloaded, and inaccessible to children;</p> <p>v. Pets are vaccinated in accordance with state, tribal and/or local law;</p> <p>vi. Have conditions that prevent the child’s access, as appropriate for his or her age and development, to all medications, poisonous</p>	<p>b. 6012.1, 6011.1, 6011.2</p> <p>i. 6007.2, CFSA Licensing Application (Basic Reqs to Maintain Foster Home License), 21 DCMR 808</p> <p>ii. 6011.5</p> <p>iii. 6011.4</p> <p>iv. 6007.9</p> <p>v. 6007.11</p> <p>vi. 6007.7 & 6007.8</p> <p>vii. 6012.2 & 6012.3, DCRA Adoption of the 2012 ICC on Swimming</p>

Subject Standards Heading	Requirement	State Regulatory, Statutory, and Policy References
	<p>materials, cleaning supplies, other hazardous materials, and alcoholic beverages;</p> <p>vii. Swimming pools, hot tubs, and spas must meet the following to ensure they are safe and hazard free (and additionally must meet all state, tribal and/or local safety requirements):</p> <ol style="list-style-type: none"> 1. Swimming pools must have a barrier on all sides. 2. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock. 3. Swimming pools must be equipped with a life saving device, such as a ring buoy. 4. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system. 5. Hot tubs and spas must have safety covers that are locked when not in use. 	Pools/Spas (Chapter 3)
C. Foster Family Home Capacity	<p>Foster Family Home Capacity: The total number of children in foster care in a foster family home must not exceed six consistent with section 472(c)(1)(A)(ii)(III) of the Act. Per section 472(c)(1)(B) of the Act, the number of foster children cared for in a foster family home may exceed this numerical limitation at the option of the title IV-E agency for any of the following reasons:</p> <ol style="list-style-type: none"> a. To allow a parenting youth in foster care to remain with the child of the parenting youth; b. To allow siblings to remain together; c. To allow a child with an established meaningful relationship with the family to remain with the family; and d. To allow a family with special training or skills to provide care to a child who has a severe disability. 	29 DCMR 6005
D. Foster Family Home Sleeping Arrangements	<p>Foster Family Home Sleeping Arrangements: Applicants must provide a safe sleeping space including sleeping supplies, such as a mattress and linens, for each individual child, as appropriate for the child’s needs and age and similar to other household members. Foster parents must not co-sleep or bed-share with infants.</p>	29 DCMR 6007
E. Emergency Prepared	<p>Emergency Preparedness, Fire Safety, and Evacuation Plans: The applicant must have emergency preparedness plans and items in place as appropriate for the home’s</p>	29 DCMR 6010 a. 29 DCMR 6010.3, 6028.3(j), and DC

Subject Standards Heading	Requirement	State Regulatory, Statutory, and Policy References
ness, Fire Safety, and Evacuation Plans	<p>geographic location. The applicant’s home must meet the following fire safety and emergency planning requirements:</p> <ol style="list-style-type: none"> a. Have at least one smoke detector on each level of occupancy of the home and at least one near all sleeping areas; b. Have at least one carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas; c. Have at least one operable fire extinguisher that is readily accessible; d. Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials; e. Have a written emergency evacuation plan to be reviewed with the child and posted in a prominent place in the home; f. Maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home; and g. Maintain first aid supplies. 	<p>Fire & Emergency Medical Services Fire Home Inspection</p> <ol style="list-style-type: none"> b. 6028.3(j), and DC Fire & Emergency Medical Services Fire Home Inspection c. 6010.4 d. 6010.2 e. 6010.5, CFSA Licensing Application (Fire Escape Drawing Plan and Fire Evacuation Plan) f. 6007.10 g. 6007.10
F. Transportation	<p>Transportation: Applicants must ensure that the family has reliable, legal and safe transportation. Reliable transportation includes a properly maintained vehicle or access to reliable public transportation; if a privately-owned vehicle owned by the applicant’s family or friends is used to transport the child in foster care, legal transportation includes having a valid driving license, insurance and registration; and safe transportation includes safety restraints as appropriate for the child.</p>	<p>29 DCMR 6006</p>
G. Training	<p>Training: Applicants must complete pre-licensing training on the following topics: rights, roles, responsibilities and expectations of foster parents; agency structure, purpose, policies, and services; laws and regulations; the impact of childhood trauma; managing child behaviors; first aid (including cardiopulmonary resuscitation (CPR)xi for the ages of the children in placement) and medication administration; and the importance of maintaining meaningful connections between the child and parents, including regular visitation.</p> <p>Foster parents must participate in ongoing training to receive instruction to support their parental roles and</p>	<p>29 DCMR 6019.7 29 DCMR 6028</p> <p>CFSA title IV-E Training Plan (as submitted 6/30/2019)</p> <p>CFSA Health Care Coordination Plan (as submitted 6/30/2019)</p>

Subject Standards Heading	Requirement	State Regulatory, Statutory, and Policy References
	ensure the parent is up to date with agency requirements. Further, this training may also include child-specific training and/or may address issues relevant to the general population of children in foster care.	
H. Foster Parent Assurances	<p>Foster Parent Assurances: Applicants must agree to comply with their roles and responsibilities as discussed with the title IV-E agency once a child is placed in their care. The title IV-E agency must require assurances including:</p> <ul style="list-style-type: none"> a. Applicants will not use corporal or degrading punishment. b. Applicants will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated. c. Applicants and their guests will not smoke in the foster family home, in any vehicle used to transport the child, or in the presence of the child in foster care. d. Applicants will adhere to the title IV-E agency's reasonable and prudent parent standard per section 472(c)(1)(A)(ii)(I) of the Act. 	<ul style="list-style-type: none"> a. Federal assurances have been added to Licensing Application b. CFSA Licensing Application (Protection of Foster Children from Abuse, and Responsibilities of Foster Parent forms)

The District's Waiver of Non-Safety Licensing Standards for Relative Foster Family Homes

Through activities of its Kinship Support Unit (KSU), CFSA exercises its authority under Section 471 (a) (10)(D) of the Social Security Act to waive non-safety licensing standards for relative foster family homes. All relative foster family homes in the District are licensed by a single administration unit that comprises five master-level social workers who receive targeted training on the safety and non-safety licensing requirements delineated in 29 DCMR Chapter 60.

For each waiver request, the KSU supervisory licensing social worker prepares a memo describing the clinical need with a citation to the non-safety requirement from 29 DCMR Chapter 60 that needs to be waived. The memo is reviewed and approved in writing by the KSU Program Manager, which ensures uniformity and continuity in the application of such waivers.

FY 2022 APSR Update

For waiver requests pertaining to the Child Protection Register and criminal history issues, approval must be provided by the Agency director. All other issues can be approved at the program manager level.

Qualified Residential Treatment Program (QRTP) Placements

Additionally, based on the July 9, 2018 program instruction from CB regarding the Family First Prevention Services Act, requirements for a child's placement in a Qualified Residential Treatment Program (QRTP) to qualify to receive title IV-E foster care maintenance payments was issued. In January 2020, CFSA issued a QRTP policy that outlines the requirements set forth by the program instruction. CFSA contracts with one QRTP based provider.

The policy highlights that CFSA shall ensure that congregate care placement settings classified as Qualified Residential Treatment Programs meet the federally prescribed requirements around assessment, content of case plans, documentation, judicial determinations and ongoing court reviews, and directorial approval of placements so as to justify receipt of title IV-E foster care maintenance payments in support of a child placed in the QRTP. Additionally, the policy outlines that CFSA shall ensure that QRTPs obtain and maintain accreditation by one of the independent, not-for-profit organizations identified in federal statute, or one approved by the Secretary of the US Department of Health and Human Services.

RESOURCE PARENT RECRUITMENT AND RETENTION

CFSA has a dedicated unit of foster care recruitment specialists under the Agency's Placement Administration. These specialists are responsible for carrying out the activities under the Recruitment and Retention Plan. CFSA ended FY 2018 with 214 licensed family foster homes, 69 of which were newly licensed during that time. There were 56 closures in that same period (a retention rate of 74 percent). The Agency's contracted CPA partner ended the year with 210 licensed homes (an 87 percent retention rate).

FY 2022 APSR Update

In October 2020, the Agency launched an administration-wide recruitment and retention campaign called REACH (Recruit, Educate, Advocate, Collaborate, and Help). REACH's primary objective is to strengthen the recruitment process leading to licensing and retention of more resource homes. Additionally, REACH seeks to improve internal and external partnerships, to ensure consistency and continuity of strategies and information, and to eliminate roadblocks along the way. The Agency developed and added strategies to the REACH Plan to secure 40 beds for targeted populations by September 2021. Among the strategies was a Recruitment team "Bootcamp" to build critical competencies and skills specific to recruiting for CFSA's target populations: older youth, Commercial Sexual Exploitation of Children (CSEC)-involved youth,

youth who self-identify as Lesbian, Gay, Bisexual and Transgender (LGBT), and sibling groups of three or more. The overarching focus involves refining recruitment and retention activities, increasing social and traditional media presence, building greater team coordination, and utilizing Recruiting Ambassadors.

During the reporting period, CFSA employed the following recruitment strategies:

- ▶ Expanded strategic outreach to virtual and social media platforms including NextDoor.com and Eventbrite.
- ▶ Enhanced the current fosterdckids.org landing page to increase visitors and inquiries.
- ▶ Expanded website services to promote the recruitment of prospective resource parents, but also the retention of existing resource parents.
- ▶ Streamlined the process of identifying services by making the website more interactive and making the documentation electronically accessible.
- ▶ Utilized online communications platforms, in partnership with community partners, to host virtual events, including Fireside Chats, Information Sessions, and Matching Events.
- ▶ Increased the electronic distribution of materials to community partners for inclusion in their calendars, newsletters, and websites.

On October 1, 2019, CFSA had 166 licensed traditional and adoptive foster homes. CFSA licensed 22 new foster homes between October 1, 2019 and September 30, 2020. Of those 188 homes, 146 remained licensed and 42 closed, for a retention rate of 77 percent.

At the beginning of FY 2021 (October 1, 2020), there were 145 traditional foster homes. As of January 31, 2021, there were 149 licensed families. As of March 2021, CFSA has closed seven homes; 142 homes remain licensed for a current retention rate of 95 percent.

At the beginning of FY 2020 (October 1, 2019), CFSA's contracted agency partner, NCCF, had a total of 271 licensed foster homes. To date, NCCF has closed 17 of these homes; 254 of these homes remained licensed for a current retention rate of 94 percent.

As part of CFSA's settlement agreement for the LaShawn A. v. Bowser lawsuit, by December 31, 2020, CFSA was to authorize, recruit for, and license enough foster care placements to have a 10 percent built-in surplus of foster care beds creating more matching choices and prompt appropriate placements for all children in care. As of December 31, 2020, CFSA had a 28 percent surplus across the system of non-kinship resource homes within CFSA and private agency partners and the congregate facilities.

FY 2021 APSR Update

On October 1, 2018, CFSA had 158 licensed traditional/adopt foster homes. CFSA licensed 34 new foster homes between October 1, 2018 and September 30, 2019. Of those 192 homes, 142 remained licensed and 50 were closed, for a retention rate of 90 percent and an increase of 16 percentage points from last year. Additionally, 22 adoptive homes were converted to traditional licenses for a total of 164 homes by the end of FY 2019.

At the beginning of FY 2019, NCCF had a total of 215 licensed foster homes. During this year, NCCF closed 75 homes during the year while 140 of these homes remained licensed at the end of FY 2019, for a total retention rate of 65 percent.

CFSA did an analysis. This was a decrease of 22 CFSA completed an analysis of the placement capacity of available foster homes from March 31, 2019 to January 31, 2020. On March 31, 2020, there 624 family-based foster homes (1078 beds) and 719 children in care (excluding 147 children that were placed in group homes and other settings for a total census of 866). On January 31, 2020, there were 570 family-based foster homes (981 beds) and 618 children in care (excluding 139 children that were placed in group homes and other settings for a total census of 757). During this reporting period, CFSA added 36 traditional beds and 110 kinship beds (total 146 beds), and the private agencies added 50 traditional beds and 13 kinship beds (total 63 beds). CFSA achieved the target to add 50 new beds and exceeded the number of resource parent homes than children in foster care. The net gain and loss of beds was consistent with the decrease in size of the census of children in care. Additionally, it was found that 54 percent of the closed homes were due to achieving permanency. Other closure reasons included the child placed in the home achieved permanency or aged out or left a kinship placement and was placed elsewhere. Additionally, other reasons included regulatory issues, the resource parent's refusal to take placements, and the resource parent's request to be closed.

While recruitment and retention is not part of the CFSA's federal PIP, CFSA is devoting considerable time and resources toward an ambitious goal of creating 40 new traditional foster home "beds" within the boundary of the District of Columbia. Toward that end, the Agency has implemented the following strategies:

- ▶ Developed and distributed Ward-specific collateral recruitment materials
- ▶ Targeted specific civic, cultural, ethnic, and occupational organizations within DC to promote fostering for key foster care populations, i.e., youth who self-identify as LGBTQ, teen parents, children diagnosed as medically fragile, and older youth
- ▶ Increased utilization of social media platforms for recruitment purposes

- ▶ Created a [resource parent incentive program](#) to encourage existing resource parents to refer potential resource parents to the Agency
- ▶ Initiated [placement stability incentive payments](#) for resource parents who contribute to a child's stability and positive permanency outcome

Strengths

On this item, the District benefits from the relatively small size of its boundary and the closely coordinated licensing and recruitment process that is centrally administered. The following components are foundational to the District's licensing system:

- ▶ Well-crafted and accessible District and Agency-level governance
- ▶ Clearly-stated language in CFSA's family-based and congregate care (child caring institutions) provider contracts regarding District licensing requirements
- ▶ Uniform District-wide application of licensing standards within the Agency's centralized licensing operation
- ▶ Efficient ongoing monitoring and support of the substitute care provider community by the resource parent support workers and CFSA's Contracts Monitoring Division
- ▶ An active community of advocacy organizations that partner with the Agency to review and improve licensing, recruitment, and retention rules, policies, and operations

FY 2021 APSR Update

The Agency's annual Needs Assessment relies upon stakeholder feedback to inform service and practice gaps and needs. Stakeholders include youth, birth parents and resource parents. CFSA used focus groups and surveys for receiving feedback from the stakeholders. Based on data from the 2020 Needs Assessment, the main strength of the Agency's resource parent recruitment and licensing process was the flexibility of supportive licensing and re-licensing staff. However, this experience was case by case. Stakeholders recommended that all licensing staff share the same degree of flexibility and supportive nature across the entire team.

Challenges

The most significant challenge with respect to growing the cadre of available District-based traditional foster family homes is the recruitment of resource parents who are willing to serve specialized populations: older youth with significant mental and behavioral health needs, pregnant and parenting youth, youth diagnosed as medically fragile youth, and youth who self-identify as LGBTQ.

Another challenge facing the Agency is the clarity of CFSA’s messaging to resource parents regarding the recently implemented policies addressing the reasonable and prudent parent (RPP) standard. Resource parent feedback indicates that messaging around resource parent roles and responsibilities remains somewhat inconsistent. One question that is repeatedly confusing for resource parents’ concerns if and under what circumstances the Agency must complete background checks on temporary caregivers or babysitters. Social workers are not clear on the answer to this question. This lack of clarity can impact retention if it interferes with the resource parent’s job. To clarify this confusion, the Agency has scheduled a series of RPP “brown bags” among resource parent support workers to tighten understanding among staff on all RPP-related issues.

FY 2022 APSR Update

In order to close the feedback loop on needs, strengths, and areas in need of improvement related to licensing, OPPPS held a debriefing session in the Fall of 2020 to discuss next steps for Family Licensing staff to respond to the concerns of stakeholders. Only prevalent themes that were mentioned across stakeholders or repeated from the previous year were elevated in this discussion.

Stakeholder Feedback: Stakeholders felt the Agency is going in the right direction with family-based settings but suggested there was no “one-size-fits-all” solution and requested that congregate care be maintained for those who find that level of structure necessary for youth development. The placement array should be expanded to sufficiently include placement needs for children with special needs, trafficked youth, large sibling groups, as well as placements with access to public transportation, LGBTQ-friendly placements, District-based placements, and placements mirroring the intent of ILPs.

- **CFSA Response:** The Recruitment Unit provides the Licensing staff with information on resource parents who have been recruited. However, the Licensing Unit is not informed on all the precise needs related to the currently available placement array. The Licensing Unit is aware of the urgent need for homes for older youth. Even though the Recruitment Unit outlines CFSA’s placement needs for special populations, including children who are diagnosed as medically fragile, the Agency does not have a special training for parents who may be taking those medically fragile children into their homes. The Licensing Unit also attends the resource parent orientation and asks resource parents what their age preferences are and the characteristics of the children they want to take. Sometimes the preferences are different than what is provided on the resource parent’s application, so Licensing staff will note additional comments in the resource parent’s file and make a note for additional clinical assessments as part of the licensing process for that cohort of resource parents. When the Agency recruits resource parents for special populations,

then CWTA may have to provide individual trainings for those particular resource parents.

- **Action Step #1:** Recruitment will work with Placement staff to develop a process for communicating placement needs and any new recruitment strategies (including strategies to increase the counts of homes and beds) to Licensing staff. Once Licensing staff is aware of the recruitment needs, the licensing specialists can assess during the licensing process for new homes with those abilities that are needed for placement of a special population. Recruitment, Licensing, Placement and CWTA will work more closely together to identify if current trainings meet the populations towards whom recruitment should target.

In February of 2021, CFSA established the Strengthening Connections & Finding Common Threads monthly meetings. These meetings bring together staff members from two CFSA administrations: Program Operations and the Office of Planning, Policy, and Program Support. The meetings' staff participants have expertise in working with prospective and licensed resource parents through recruitment, training, licensing, re-licensing, placement, and resource parent support. The purpose of each meeting is to jointly plan the evolution of CFSA's practice with resource parents, the children served in foster care, and engagement with birth families. The specific practice focus spans from resource parent recruitment through retention to improved resource parent service, and commensurate services to children and their families. The meetings also include information sharing, e.g., Agency updates and identification of practice challenges based on stakeholder and staff feedback and experiences. The objective of the meetings is development of solutions to those identified challenges, particularly for recurrent themes related to communication, engagement, process, resources, and teaming. To achieve the solution-based objectives, meeting participants prioritize specific systemic challenges for development of problem-solving recommendations.

Stakeholder Feedback: Respondents provided the following feedback on the licensing process:

- ▶ Licensing takes too long.
- ▶ Trainings need to be fully accessible online to provide flexibility and to accommodate resource parents' schedules and caregiving duties, especially resource parents with high-needs children.
- ▶ The licensing process is too antiquated and paperwork heavy.
- ▶ Communication and teaming between licensing and placement staff both need to improve to reduce duplication of work.

In addition to the above concerns, one respondent noted that after 30 days, the licensing of kin falls back on the assigned ongoing social worker who has not been trained to explore additional family. This exploration for the licensure of additional family is duplicative to the work already assigned to the Licensing Unit. The respondent also noted that the process could be streamlined if communication were improved between the Licensing Unit and the Permanency Administration. Suggestions included a reporting or reciprocal flow of information, e.g., the social worker would receive regular updates in a timely manner on which staff are exploring kinship placements and subsequent licensure, including barriers and progress. Additional observations included a lack of consistent teamwork, e.g., staff may be working alongside one another but not necessarily *together*. In addition, the respondent noted that while a social worker may be the lead on a case, the Agency seems to view social workers' duties as secondary to other agency functions. Other areas of concern included the need for improving support for social workers during court proceedings. The social worker represents the Agency but sometimes the social worker has no idea what other Agency administrations are involved in the case, which puts social workers in an uncomfortable situation.

- **CFSA Response:** The licensing leaning process was completely automated as of June of 2020, so the Agency is monitoring improvement and is in the process of gathering feedback through an updated needs assessment survey and process. Due to universal licensing regulations across the country, CFSA cannot reduce any requirements when dealing with the safety of children. Remediation can get costly (\$100 - \$60,000) so the Agency cannot pay those types of bills. Through funding support from the Foster and Adoptive Parent Advocacy Center (FAPAC), the licensing team has been providing monies for minor fixes such as windows, fences, etc. The Licensing Unit is aware to offer the service. The Licensing Unit concurred with the need to improve communications across Agency functions. believes that trainings for resource parents are at least 50 percent online if not completely online at this point. The team feels that they are operating in a bifurcated system and agrees communication needs to improve across the board between recruitment, licensing, and placement.
 - **Action Step #1:** Managers are working to mitigate communication barriers across the recruitment, licensing, and placement administrations.

Based on recruitment and licensing data from the 2021 Needs Assessment, birth parents' only response to the licensing process was the same as last year- to meet and know the resource family caring for their child. In the resource parent survey, areas for improvement fell into two categories from last year: logistics (e.g., process takes too long and needs to be streamlined, improve training offered) and communication and teaming (e.g., feeling unsupported). Fifty-seven child welfare clients offered similar concerns and recommendations. Responses included the need for improved coordination between internal staff and government agencies for

completing the required licensing home inspections. Other concerns included families who are reluctant to provide relatives for licensure; criminal history barriers for resource parents; insufficient staffing or oversight relating to timeliness and licenses close to lapsing; excessive paperwork and the length of the licensure process.

Focus groups with resource parents revealed additional concerns related to the tracking of the licensing process and placement matching. Resource parents offered the following feedback and suggestions to improving the recruitment and licensing process:

- ▶ Continue to improve the use of technology for placement, relicensing, etc.
- ▶ Resource parent matching preferences should be updated annually at relicensing.
- ▶ Consider relicensing former resource parents quickly if a child they had in their home comes into care again, which is similar to the kinship process.
- ▶ Improve the process for tracking home closure reasons by including the Ombudsman on all correspondence between the resource parent and licensing staff at the time an exit is requested.
- ▶ Recruit resource parents with reliable transportation and discuss the expectations of transportation at licensing as well.

FY 2021 APSR Update

Based on resource parent recruitment and licensing data from the 2020 Needs Assessment, birth parents' only response to the licensing process was wanting to meet and know the resource family caring for their child. In the youth survey, 16 respondents felt that one area of improvement would be time spent with resource parents prior to the youth being formally placed in their home. In the resource parent survey, areas for improvement fell into three categories: logistics (e.g., process takes too long and needs to be streamlined, more online trainings), communication and teaming (e.g., disconnect between licensing and placement, too many people asking for same information), and resources (e.g., mini grants for minor home repairs). Seventy-nine child welfare clients offered similar concerns and recommendations. Responses included improved coordination between internal staff and external providers for completing the required licensing home inspections. Other concerns included excessive paperwork and the length of the licensure process. One recommendation suggested financial assistance to improve a home for placement.

Focus groups with youth and resource parents revealed similar results. Seven youth explained that recruiters need to vet resource parents' intentions. This recommendation was based on youth sharing their experiences of achieving permanency in a home that eventually neglected them again, and not being treated as part of the family in a resource home.

Resource parents offered the following feedback and suggestions to improving the recruitment and licensing process:

- ▶ Provide all needed documents, training and materials for placement and backup in advance.
- ▶ Coordinate with agencies across the District because there are too many different agencies or people making checks on the home during the process.
- ▶ Consider the social worker as the sole certifier to make home approvals (e.g., fire inspection).
- ▶ Make certain parts of the licensing process are less meticulous and less stressful. For example, some things should be waived or have a lesser standard. These inspections should not be a reason a person cannot foster.
- ▶ Some licensing requirements for the home are antiquated - like window screens - not all windows will be opened. This requirement excludes people from wanting to be licensed.
- ▶ The process is piecemeal and very frustrating. There should be a grace period of 3-6 months with licensing documents.
- ▶ Virtual licensing hours training should be increased along with training options, i.e., a variety of courses versus the same courses.
- ▶ Training should be in the evening after work or the Agency provides childcare for resource parents on the weekends.

FY 2021 APSR Update

During FY 2019, CFSA partnered with LINK Strategic Partners (LINK), a national strategic communications and stakeholder engagement firm, to develop an environmental scan of the District of Columbia that will help CFSA identify and intentionally tailor recruitment efforts in a strategic manner. The scan provided an overview of the physical and demographic makeup of the city, and identified neighborhoods based on the makeup of their physical dwellings, the average age of residents, and household compositions. LINK submitted a 131-page report with their initial findings. CFSA has been maximizing the information of the report to build upon and leverage existing and new relationships with civic leaders and community allies across the city. CFSA is using the information provided by LINK in the following ways:

- ▶ Expanding strategic outreach beyond the utilization of listservs and networking through the Healthy Families/Thriving Communities Collaboratives, e.g., using such virtual and social media platforms as NextDoor.com and Eventbrite. The expansion was initiated in the late spring of 2019.

- ▶ Incorporating a new type of neighborhood engagement called “Fireside Chats”. These in-person chats, which started in October 2019, are currently initiated virtually using a secured Zoom platform or WebEx.
- ▶ Facilitating combined orientation and at-home consultations with recruiters on a variety of virtual platforms. The Agency is working to ensure it has electronic versions of all physical media and formal documents. The use of virtual platforms began in March 2020.
- ▶ Expanding the electronic media distribution of materials to community partners for inclusion in their calendars, newsletters and websites.

Throughout FY 2019 and into FY 2020, CFSA has continued to expand the array of resource homes to better serve specialized populations of children and youth in care.

- ▶ Special Opportunities for Youth (SOY) homes provide a planned placement in a resource home with specially trained providers for CFSA youth, ages 11-20, who need a higher level of support for challenging needs. SOY resource parents are recruited based on their fostering or professional experience working with adolescents and young adults with higher levels of trauma (e.g., behavioral and emotional trauma). The teaming approach ensures that all service providers are working collectively to address needs of youth. The SOY program promotes placement stability through preplacement planning and the provision of a higher level of supports for service providers.
- ▶ Stabilization, Observation, Assessment, and Respite Care (SOAR) professional resource parent homes provide temporary care (up to 90 days) for children who need comprehensive assessments to identify appropriate placement needs. SOAR resource parents collaborate with CFSA to identify barriers and resolutions to service provision for the child. This collaboration includes assisting the child’s team in observing and assessing children to determine appropriate service and placement needs. The SOAR resource parents also support the team by ensuring educational and vocational needs, mental and physical health needs, and familial relationships are initiated and maintained.
- ▶ In December 2019, CFSA began contracting with Children’s Choice, a Maryland-based child placing agency, to provide intensive support to foster care children with more intensive needs. Children placed with Children’s Choice are appropriate for a family-based setting but have been experiencing (or are likely to experience) placement instability. This instability may be due to a history of trauma and its associated symptomatic behaviors (e.g., physical or verbal aggression), or a history of stepping up or down from diagnostic care or admission to psychiatric residential treatment

facilities (PRTFs). Current mental health diagnoses may also require intensive support through the Children’s Choice placement.

FY 2022 APSR Update

From October to December of 2020, the Agency, in partnership with the BOND lead parents, hosted a series of Harvest Fall Festival Gatherings. The Agency provided food cards to each participating foster family and convened virtually to discuss supports, strategies, and upcoming events.

For National Foster Care Month in May 2021, the Agency conducted several foster parent appreciation activities:

- ▶ In partnership with NCCF, the Agency hosted a virtual family game night for resource parents and the children in their care. About 36 families participated.
- ▶ The Agency facilitated an activity called “Passing the Torch,” a recorded interview between the 2020 Foster Parent of the Year and the 2021 Foster Parent of the Year. The foster parents shared highs and lows, lessons learned, and the reasons why they continue to provide care after two decades. This interview was recorded to serve as an instructional and motivational tool for future foster parents.
- ▶ CFSA also partnered with a local restaurant, Cinder BBQ, to create a video recording the role that Cinder BBQ has played in supporting the District’s foster care community. The video included a section on food preparation, while also highlighting similar positive changes that other local businesses can make.

As discussed earlier in this report, CFSA held a virtual stakeholder forum in September 2020 to provide updates on Agency services during the COVID-19 pandemic, the budget, the Four Pillars Scorecard, and the Families First DC Success Centers. Additionally, the Agency presented on recent initiatives and practice changes such as the REACH Campaign that was in response to an expressed need for additional support to resource parents. Another virtual stakeholder forum was held in January 2021. The Agency, again, provided updates about COVID-era supports, the Four Pillars Scorecard, and the implementation of the REACH campaign.

Additional resource parent recruitment and retention program goals and activities are discussed in the Agency’s FY 2022 Foster and Adoptive Parent Diligent Recruitment Plan.

FY 2021 APSR Updates

Providing consistent, meaningful support for resource parents is a top priority for CFSA. When the resource parent community indicated inconsistencies in how CFSA provides support through

the Mockingbird Family Model homes and the Family Connections program, the Agency transitioned these two hub systems to a single program that could provide more deliberate, comprehensive and coordinated support for resource parents. As of March 31, 2020, CFSA has merged the benefits of both former hub systems into one equitable and sustainable parent support program called the BOND program (Bridge, Organize, Nurture and Develop). The BOND program's "hub" model engages and supports resource parents through peer networks led by experienced and committed BOND parents. Services offered via the BOND program include but are not limited to peer support, resource parent networking and respite services. CFSA assigns the resource families to a BOND "squad" of 10-12 peer resource parents. The Agency assigns each squad to a lead BOND family with an experienced and committed resource parent who provides peer support, coordinates special activities and provides or assists with coordinating respite care. The BOND program coordinator is a recently transitioned resource parent support worker who is solely dedicated to managing the program and providing support to all identified BOND lead families. The lead families work in partnership with the program coordinator to ensure that resource parents and the children in their care have their needs appropriately addressed.

In 2019, the Resource Parent Support Unit invited 160 resource parents to participate in the "rain or shine" Annual Foster Care Odyssey cruise. Of the 160 invitees, around 128 (80 percent) enjoyed the cruise along the Potomac River. Overall, feedback from the resource parents indicates that they enjoy the annual event and look forward to it.

The Public Stakeholder Town Hall and the Listening Sessions, described earlier in this report, give resource parents an opportunity to receive updates and ask questions on such topics as the CFSA Data Dashboard, the Office of the Ombudsman, the Parent Engagement Education Resource (PEER) unit, and any current practice or policy changes. Most recently, resource parents' advocates requested an opportunity to discuss foster care during the COVID-19 pandemic. As a result, CFSA facilitated a virtual question and answer session for approximately 80 attendees in June 2020 to discuss strategies and supports related to caring for children during the COVID-19 pandemic. In the session, CFSA invited a Department of Health doctor to answer COVID-19 related questions, and CFSA provided a written response to resource parent questions.

Additional resource parent recruitment and retention program goals and activities are discussed in the Agency's FY 2021 Foster and Adoptive Parent Diligent Recruitment Plan.

C3. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION

Continuous improvement is essential to CFSA's practice improvement and system functioning. The application of CQI is an overall agency commitment integrated throughout Goals 1 through 4, as an intentional means to ensure continuous quality improvement across practice and performance. Accordingly, the Agency has implemented numerous processes for data collection and analysis to ensure accurate information, while assessing performance on the safety, permanency and well-being outcomes.

Based on identified challenges, CFSA brought together internal and external stakeholders to evaluate each Goal area in need of improvement. As a team, the stakeholders and CFSA staff developed the 2020-2024 CFSP objectives and measures as part of a comprehensive strategic planning process. The Agency continues to work closely with stakeholders to improve, as needed, performance on a quarterly basis under the Four Pillars Strategic Plan.

See Attached file "DC CFSA CFSP Goals Narrative rev 091619" for goal and strategy details.

FY 2022 APSR Update

Updates to goals and strategies developed in the 2020-2024 CFSP are available in the attached file "*DC CFSA FY2022 Goals Narrative*".

FY 2021 APSR Updates

CFSA continues to work with stakeholders to assess performance and strategically plan for improvements in practice. Updates to goals and strategies developed in the 2020-2024 CFSP are available in the attached file "*DC CFSA FY2021 Goals Narrative*".

C4. QUALITY ASSURANCE SYSTEM

See page 96 of this report- Systemic Factor 3 Quality Assurance System.

FY 2022 APSR Update

See Systemic Factor 3- Quality Assurance System earlier in this report.

C5. UPDATE ON SERVICES

CHILD AND FAMILY SERVICES CONTINUUM

CFSA's Four Pillar Strategic Framework is the foundation of the Agency's service continuum. Each pillar sets forth a values-based foundation and a series of specific outcome targets from which strategies including evidence-based practices and services support the achievement of the

outcomes. As the starting point of this continuum, CFSA exerts its grant-making authority to provide funding for community-based prevention and family preservation programs. Many of these programs reach families in their own neighborhoods through CFSA's long-standing partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives). In addition to prevention services, the Collaboratives and CFSA both provide a variety of supportive programs to families. Supportive services include but are not limited to counseling, parenting classes, housing and childcare assistance, and substance use treatment.

CFSA monitors the delivery of these prevention and family preservation services, provided by its partner agencies and community-based providers to families that are not yet involved in the child welfare system. Families that are involved in the welfare system also receive community-based support while CFSA provides direct services, including foster care or in-home services, temporary post-permanency temporary supports, and long-term subsidy support services.

The Agency's work along the child welfare continuum is best understood within the context of its organizational structure. This section of the report provides an overview of the various programs, community-based organizations, and internal CFSA administrations that carry out the Agency's mission through delivery of direct services to children and families.

COMMUNITY BASED PROGRAMS

Healthy Families/Thriving Community Collaborative Services

CFSA continues its longstanding partnership with the Collaboratives, a network of community-based social services providers that work to prevent child abuse and neglect, preserve families at risk of child maltreatment, and stabilize families formally involved with the child welfare system. The Collaboratives provide Safe and Stable Families (SSF) services and will continue to do so the Agency implements Family First services. The Collaboratives provide a wide array of services for families that are both involved with CFSA as well as families that are no longer involved. In addition, they play a vital role in providing community-based resources to prevent families from becoming involved with the public child welfare agency.

The five Collaboratives serve all eight wards of the District of Columbia, and are in those neighborhoods where there is a high representation of families in contact with the child welfare system:

- ▶ Collaborative Solutions for Communities (Wards 1 and 2)
- ▶ East River Family Strengthening Collaborative (Ward 7)
- ▶ Edgewood/Brookland Family Support Collaborative (Wards 5 and 6)
- ▶ Far Southeast Family Strengthening Collaborative (Ward 8)

▶ Georgia Avenue Family Support Collaborative (Ward 4)

Each Collaborative is an independent 501(c)(3) led by a community-based board of directors, who draw on the unique capabilities and services found within its network of service providers to assist at-risk children and families. The various services focus on keeping children and families together and preventing children from entering foster care. Services include case management,¹³¹ essential core services,¹³² specialized services,¹³³ and additional services.¹³⁴

CFSA PROGRAM STRUCTURE

Community Partnerships Administration

Community Partnerships leads the work with the CBCAP grantees, community-based service hubs, and the Collaboratives to provide appropriate prevention and family preservation supports. This office led the development of the CFSA's five-year Family First Prevention Plan submitted to the Children's Bureau in April 2019, and once approved, will lead its implementation and evaluation activities.

Office of Entry Services

CFSA's Office of Entry Services is responsible for the Agency's Child Protective Services (CPS) administration, which is designed to ensure child safety, particularly through the receipt and investigative responses to reports that allege child abuse and neglect. CFSA understands the need to have quality investigations that are initiated and closed within the appropriate timeframes, along with policies and practice that promote family engagement and teaming to best mitigate any safety and risk concerns. Entry Services includes the CPS-Hotline and Support Services Unit which receives all calls alleging child maltreatment. The CPS Hotline is a mandated District service that operates on a 24-hour, 7-day per week basis, including holidays. Trained staff receives reports on alleged child abuse and neglect through several methods, including the Hotline (202-671-7233), walk-in reports, and other forms of communication (e.g., faxes, emails, and letters). In addition, Entry Services houses the CPS Investigations team that meets face-to-face with child victims and families to assess risk and safety factors.

¹³¹ Case management activities include assessments of family needs, identification of services, development and implementation of family service plans, linkages to community-based services, monthly visitations, and documentation of family progress or lack thereof.

¹³² Essential core services include emergency family flexible funds, respite services, support groups and trainings, information and referral, mentoring and tutoring, educational workshops, and whole family enrichment. Families receiving essential core services may or may not be receiving case management services.

¹³³ Specialized services are based on the unique needs of the families, including Parent Education and Support Programs (PESP), family visitation, and Family Group Conferencing.

¹³⁴ Additional services include any service that falls outside of the previously described services. Families receiving additional services may or may not be receiving case management services.

More recently CFSA added the In-Home Administration (formerly a part of Community Partnerships) to the Office of Entry Services, creating the “Ongoing CPS Services” (In-Home) Unit. Social workers in Ongoing CPS Services offer service programs designed to address the families’ circumstances, focusing on safety and the parent’s capacity to ensure the child’s safety which also promote family well-being. Services are tailored to enhance a parent’s capacity for maintaining a safe home environment. For families receiving in-home services, Ongoing CPS Services assigns in-home social workers to each Collaborative neighborhood, creating a co-located staff to serve families currently involved with CFSA, or are at risk of involvement.

Office of Well Being

CFSA’s Office of Well Being (OWB) provides clinical supports and a service array that aligns with the health, wellness, educational, and other needs of children and families involved in the District’s child welfare system. OWB further ensures effective teaming with social workers to complete screening tools and functional assessments for children and families, and to provide effective, timely delivery of appropriate services and supports.

Within OWB, the Clinical Administration includes the mental health therapists, psychiatric nurse and staff who complete developmental and mental health screenings and assessments for children and youth in foster care, including the determination when a child or youth potentially needs a higher level of care in a psychiatric facility and liaisons with the DC Department of Behavioral Health in that process.

The OWB oversees domestic violence, substance use, mentoring, tutoring, transportation contracts and services in addition to childcare vouchers. The program has educational specialists and a domestic violence specialist who provide this support to social work staff and families.

Within OWB, CFSA’s Health Services Administration (HSA) has primary responsibility for assessing, coordinating, and maintaining the services to ensure optimal health and well-being of children in foster care. HSA further manages CFSA’s Healthy Horizons Assessment Center (HHAC), an onsite, 12-hour (9:00 a.m. – 9:00 p.m.), 5-days-a-week clinic staffed with nurse practitioners and certified medical assistants. Within HHAC, and under the auspices of HSA, CFSA has also established the nurse care management program (NCMP) for children requiring more tailored health-related services. There are nurses specifically assigned to the Office of Entry Services to provide consultative support to CPS investigative social workers, as well as to the nurses who are available on general assignment to HSA. Lastly, there are registered nurses assigned to support the in-home community social workers (co-located at the Collaboratives).

Office of Program Operations

The Office of Program Operations has oversight responsibility for CFSA's Placement Administration, Permanency Administration, and Office of Youth Empowerment. Each of these divisions and their respective services along the continuum are outlined in the following sections:

Permanency

The Permanency Administration provides support and direct case management to children in foster care with a permanency goal of reunification, guardianship, or adoption. To optimize their support capacity, permanency case managers (and ongoing social workers) receive consultation, technical assistance, training, clinical supervision and coaching from the inception of permanency planning through the successful achievement of the child's permanency goal.

CFSA's permanency-focused teaming process consists of regularly scheduled team meetings that occur within the first seven months of a child's entry into foster care. Each of these meetings has distinct purposes, decision points and participants. For example, the meetings that occur during the hours and days following a child's removal from the home will focus on facilitating a smooth transition into care, identifying kin resources, and outlining specific action steps toward reunification. Meetings that occur in the following weeks and, if necessary, months, focus on developing a comprehensive case plan based on assessments and strategies developed in accordance with team members' clinical judgment.

The Permanency Administration provides supports and case management from the inception of permanency planning all the way through finalization of adoption or guardianship. In so doing, case practice specialists provide technical assistance to social workers who have children on their foster care caseload with permanency goals of adoption or guardianship. These professionals partner together to develop and initiate child-specific recruitment plans for these children while also generally laying the foundation for permanency options in the event that reunification becomes ruled out.

The Permanency Specialty Unit (PSU) provides both pre- and post-adoption support for families. PSU social workers assess the family's needs, refer the family to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family's transition into adoption. The unit also includes a family support worker who conducts adoption searches. For families and children who have reached permanency but might be experiencing challenges that threaten the permanent living arrangement, the Permanency Administration also provides temporary intervention and support services to stabilize crises.

CFSA does not handle nor case-manage any inter-country or private adoptions. The Agency serves only children in the District's foster care system. Within that parameter, individuals who contact CFSA regarding an inter-country adoption are referred to private agencies. Families who request adoption services may also be referred to the local Adoption Resource Center. For families who wish to adopt outside of the United States, there are a host of support groups and other resources available to them. Post-adoption support services are also offered by many of the area's private adoption agencies for these families.

Lastly, the Adoption and Guardianship Subsidy Unit makes post-permanency subsidies possible for children who might not otherwise achieve permanent homes. Subsidies cover maintenance and special services to meet the needs of the child until age 18. Families may also receive a one-time reimbursement of out-of-pocket expenses related to adoption finalization. Subsidies for adoptions and guardianships are funded for children eligible to receive Title IV-E monies, or through local funding for children who do not meet Title IV-E eligibility requirements.

Office of Youth Empowerment (OYE)

OYE provides direct case management and concurrent permanency and transition planning services to older youth in foster care (ages 15 up through age 20). OYE works to achieve permanence for these older youth while at the same time providing life skills training, vocational and educational support, transitional assistance, and encouraging informal but committed relationships with safe, caring adults willing to act in a mentoring or parental capacity following a youth's exit from foster care.

OYE administers the Chafee Foster Care Independence Program (CFCIP) and assists adolescents and young adults to acquire the skills and knowledge necessary to live independently. Through CFSA and community-based services, OYE promotes permanency; encourages lifelong connections to family, friends, and community; provides education and vocational opportunities, and supports the development of life skills that enable adolescents to achieve self-sufficiency.

Kinship

The Kinship Administration works with the assigned social worker and family members to identify and engage potential kinship resources. Kinship staff assess whether any identified relatives can be a viable placement and permanency option. In addition, kinship staff conducts the Family Team Meetings (FTM) that occurs throughout the life of a case. FTMs allows for more collaboration with parents for identifying case plan goals, including informal and formal supports for the parent and children, and as appropriate, parents also help to identify placement and permanency options.

FY 2022 APSR Update

When a child coming into care requires immediate placement, the Kinship Administration works with viable relatives to obtain a Temporary License to Operate a Foster Home. The Kinship Administration also administers the Grandparent Caregiver's Program and Close Relative Caregiver's Program, which provide monthly financial assistance to eligible District residents caring for grandchildren, nephews, nieces, siblings, and cousins. Although administered by CFSA, program supports are for families not involved in the child welfare system.

Family Resources

To increase the likelihood that children are placed in the safest foster home possible, CFSA's Family Resources division provides foster and adoptive resource recruitment and support services to current and potential foster, kinship, and adoptive parents. In addition, through various outreach and public education campaigns and activities, Family Resources works to increase the array of available resource parents who are willing and able to meet the varied needs of children in the care of CFSA.

Placement

The Placement Administration, which operates 24 hours per day, is responsible for identifying and facilitating placement of children in foster care, including all initial placements resulting from home removals and all replacement requests initiated by CFSA or CFSA's contracted private social workers. This administration is also the principal purchaser of placement resources (in collaboration with CFSA's Contracts and Procurement Administration). As such, Placement is also responsible for managing those resources.

SERVICE COORDINATION

CFSA's Family First Prevention Plan¹³⁵ (Putting Families First in DC) builds on the substantial progress made over the past decade to reform DC's child welfare system and bolster prevention efforts that help to reduce child abuse and neglect. The plan remains in close alignment with the Children's Bureau's vision for keeping families healthy, together, and strong.¹³⁶ In addition, the Family First Plan will build upon CFSA's primary prevention work (outlined most recently by the

¹³⁵ CFSA has submitted the Family First Plan in April 2019 to the Children's Bureau but has not yet received federal approval. Click [here](#) for the DC Family First Plan Executive Summary for the DC's Putting Families First in DC Title IV-E Prevention Program Five Year Plan Executive Summary.

¹³⁶ Children's Bureau Strategies to Strengthen Families:
https://www.acf.hhs.gov/sites/default/files/cb/cb_vision_infographic.pdf

Children’s Bureau in August of 2018).¹³⁷ Lastly, the plan reinforces the lessons learned through the implementation of CFSA’s Waiver, focusing on the refinement of existing programs and services and determining new services to better meet the needs of DC’s families before, during and after involvement in child welfare.

The development of the Family First Plan included a collaborative effort put forth by members of the Family First Prevention Work Group, which comprised a diverse selection of CFSA staff and external stakeholders from key community organizations and sister agencies.¹³⁸ The stakeholder members met over a period of six months to discuss coordination and integration of evidence-based practices that increase protective factors against possible child maltreatment. The Work Group prioritized the following broad criteria for selecting the prevention services:

- ▶ Identifying the target populations by reviewing data of clients served through District Government Social Service Agencies and the Collaboratives that are higher risk to entering the child welfare system.
- ▶ Identifying a service array that aligns with the characteristics and service needs of statistically vulnerable families (i.e., the target populations), thus ensuring that each family will be able to secure a service that meets their specific needs and circumstances.
- ▶ Ensuring that each identified service has a level of evidence of effectiveness, based on national evaluations as well as the District’s experience with the programs and positive outcome data after implementation.
- ▶ Prioritize the selection of services that are currently successful within the District’s service array, i.e., building on existing capacity, model familiarity, and effectiveness.

In addition to the above priorities, CFSA’s ongoing work in the next five years will be guided by collaborating with federal or federally funded programs that promise to help prevent families from coming to CFSA’s attention. For families that do come to the attention of the Agency, CFSA expects to maximize federal funding to ensure the most appropriate services are in place for these welfare-involved families. The following section provides an overview of how data and evidence were used to inform selection of services in accordance with the three criteria.

¹³⁷ ACYF-CB-IM-1805: Reshaping child welfare in the United States to focus on strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation: <https://www.acf.hhs.gov/sites/default/files/cb/im1805.pdf>

¹³⁸ The Prevention Work Group participants included leadership and program staff from across District government and local community-based organizations, including the District’s Health and Human Services cluster agencies, DC City Council, the Executive Office of the Mayor, the Court, CFSA’s court monitor, advocacy organization partners, and CFSA’s contracted community-based child-abuse prevention providers, the Healthy Families Thriving Communities Collaboratives (Collaboratives).

Throughout the continuum of services, the work that CFSA does with children and families includes the involvement and coordination with numerous federally funded and community-based public and private providers. Families that do not have an open CFSA case that may have low and moderate risk levels are referred to the Collaboratives, described earlier in this report. Families with high risk levels that do not warrant a removal receive in-home case management services and may receive referrals to services related to mental health, substance use, domestic violence, etc. Families with high risk levels and with children that enter foster care receive well-being services for the child such as mental health, tutoring, mentoring, etc. as well as services to parents for purposes of reunification (e.g., Family Unification Program housing vouchers, mental and behavioral health, substance use, and other services as identified through the case plan.

Services through federal programs such as Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, and Supplemental Nutrition Assistance Program are utilized prior to, during and after families may be involved with CFSA. CFSA staff work to include aspects of these programs into case planning, and work with families to ensure that the most appropriate services are utilized.

Federal funds from Housing and Urban Development provides funding for the Family Unification Program, the Maternal and Child Health Bureau - Maternal, Infant and Early Childhood Home Visiting Program funds home visiting programs through the DC Department of Human Services, and the Office of Victim Services will provide funding toward DC's Families First DC place-based trauma-informed care sites that will provide residents impacted by violence with the support and services necessary to heal individually and collectively.

Similarly, case planning and coordination, and service delivery through other local public providers include the Department of Behavioral Health, the Department of Health, the Department of Health Care Finance (DHCF), and the Department of Youth and Rehabilitative Services (DYRS).

FY 2021 APSR Update

Family First Prevention Plan¹³⁹

On October 1, 2019 CFSA launched its Five-Year Family First Prevention Plan to increase preventative services that can help keep children safe with their families and out of foster care. Implementation highlights included referrals to the Healthy Families/Thriving Communities Collaboratives (Collaboratives) to provide families with additional resources that will also help prevent entry into foster care. Referrals include evidence-based programs and services provided by the District's Department of Health and Department of Behavioral Health. These evidence-

¹³⁹ <https://cfsa.dc.gov/publication/dc-cfsa-family-first-prevention-plan-2019>

based practice services support family preservation and reunification through parenting and home visiting programs, mental health treatment services, and substance abuse treatment.

CFSA has continued weekly implementation committee meetings to review progress for Family First, to address barriers and to ensure all implementation activities are being implemented at the user level.

Implementation Activities

Implementation activities have included building staff capacity for use of Motivational Interviewing (MI)¹⁴⁰ as a case management model. CFSA's Child Welfare Training Academy has provided the MI training and MI certification for all CFSA staff and CFSA's community-based Collaborative staff. Additionally, the Community Partnerships Administration expanded its evaluation team by hiring a data scientist. The data scientist designs, leads, carries out, documents, and communicates evaluation results for supported and promising programs under Family First. The data scientist also manages continuous quality improvement (CQI) for well-supported programs. In total, the data scientist's expert knowledge of evaluation design and methodology will firmly support the programmatic aspects of Family First implementation via CFSA's Community Partnerships Administration. In addition to the above activities, Chapin Hall¹⁴¹ has continued to provide technical assistance on the development and implementation of CQI systems and processes throughout 2019 and 2020. As part of this support, Chapin Hall CQI experts will advise the data scientist on the development and launch of a CQI system that aligns and integrates Family First requirements with CFSA's broader strategic direction and state level CQI efforts.

The Agency has also implemented two information technology system applications. The first application was added to FACES.NET¹⁴² and allows CFSA social workers to develop child-specific prevention plans and to refer families to evidence-based practice (EBP) services, facilitate the transfer of referrals and cases to the Collaboratives directly from FACES.NET, and automatically create MI referrals for all In-Home cases. The second application was the development of the CFSA Community Portal. The Community Portal allows Collaborative partners and EBP service providers to manage case transfers and EBP referrals from CFSA via FACES.NET. Collaboratives can order EBP services and EBP service providers can better track service referrals.

¹⁴⁰ Motivational Interviewing (MI) is an established evidenced based client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors.

¹⁴¹ Chapin Hall at the University of Chicago focuses on a mission of improving the well-being of children and youth, families, and their communities by combining rigorous research methods and real-world policy expertise to accelerate the use of data and evidence in policymaking and program implementation. Longstanding partnerships with government agencies, nonprofits, and philanthropy are at the heart of their approach.

¹⁴² CFSA's child welfare information system, known locally as FACES.NET.

Target Population

CFSA's Family First Prevention Work Group (work group) identified the target sub-population based on two factors: (1) high rates of foster care entry or re-entry in the past calendar year and (2) assessed levels of high risk according to CFSA's Structured Decision Making (SDM) tool, CFSA's validated risk assessment tool, in the past calendar year. As a result of the work group's analysis, the target sub-population includes clients considered to be at the Front Porch and the Front Door.

Front Porch

- 1) Children served through the Healthy Families/Thriving Communities Collaboratives (the Collaboratives) following a CPS investigation or closed CFSA case.
- 2) Children who have exited foster care through reunification, guardianship, or adoptions.
- 3) Children born to mothers with a positive toxicology screening.

Front Door

- 1) Children served through CFSA's In-Home Services program, which offers intensive case management and service referrals to families.
- 2) Pregnant or parenting youth in/recently exited foster care with eligibility for services ending five years after exiting foster care.
- 3) Non-ward children of pregnant or parenting youth in or recently exited foster care with eligibility for services ending five years after exiting.
- 4) Siblings of children in foster care who reside at home and have assessed safety concerns.

Determining Eligibility for Family First Prevention Services

CFSA staff must complete a Family First Eligibility Screen and Prevention Plan (prevention plan) for each Family First prevention-eligible child, as appropriate, to establish eligibility for prevention services, and to articulate an associated foster care prevention strategy. Only CFSA staff will determine child-specific eligibility for prevention services. To ensure that CFSA workers correctly identify children who are Family First prevention-eligible, an eligibility screen will be designed to confirm the child's (1) membership in one of the above-noted subgroups, (2) risk level per the SDM, and (3) imminent risk of entering foster care. The technical interface will guide the appropriate CFSA worker through development of a foster care prevention strategy and selection of associated EBP interventions.

Process for Establishing Candidacy Date and Inclusion in a Prevention Plan

CFSA staff responsible for determining eligibility will select from a series of fields that include questions and answers to select in FACES.NET, CFSA's system of record, to document child-

specific eligibility for prevention services. The selection of these fields in FACES.NET will validate eligibility and provide a child-specific candidacy timestamp also known as “candidacy determination date” for the candidate child or youth, and their family. This timestamp will be used to determine the 12-month time limit and will be monitored and tracked electronically in FACES.NET and in the CFSA’s Community Portal. Collaborative partners will use the Community Portal to accept all referrals and cases transferred from CFSA to the Collaboratives for ongoing case management and prevention plan management throughout 12-month period. Although Collaborative staff will not be responsible for determining eligibility for prevention services, these staff members will be responsible for managing prevention plans for prevention-eligible children and their families when candidacy has been established by CFSA. CFSA is currently building the technical solution in FACES.NET and the Community Portal to meet this stated business process.

Eligibility for Prevention Services Determination Process

The child’s prevention plan interface will allow workers to view risk and comprehensive assessment results while developing the plan, thus enabling CFSA workers to refer to and draw on assessment results when determining eligibility, developing the foster care prevention strategy, and selecting appropriate services. CFSA workers responsible for completing a child’s prevention plan will be trained in understanding assessment results to inform the eligibility determination and service selection. The same methodology will be used for redetermination of eligibility, should there be a need for services beyond 12 months or if there has been a change in risk level. CFSA will use management reports as well as the support of staff within CFSA’s Prevention Unit to ensure claiming ceases when a child’s eligibility ends prior to the 12-month time limit.

Prevention Plan Completion and Storage

The prevention plan template will be linked to existing in-home case plans, foster care case plans, intervention plans, and sustainability plans documented in FACES.NET. Linking and technological integration will allow CFSA to streamline case documentation and ensure that the prevention plan aligns with larger case planning and service planning efforts. If the need for a foster care prevention strategy and associated services become necessary in the life of any case that falls within the Family First prevention-eligible population, or when a CFSA worker identifies an eligible parenting youth, CFSA will create a prevention plan to confirm the child’s eligibility. CFSA staff will always complete the prevention plan. If needed, CFSA or Collaborative staff will edit the plan. In situations where a child eligible for Family First prevention services has a CFSA in-home or foster care social worker, that social worker will complete the prevention plan as part of the case planning process. For families referred directly from CPS to the Collaboratives

(i.e., without an assigned social worker), CFSA's Collaborative partners will complete the Prevention Plan.

Collaborative Case Transfer Process

When a referral or case is ready to be transferred to a Collaborative for case management services and ongoing prevention plan management, the FACES.NET technology allows a CFSA staff person to initiate CFSA's electronic "Case Transfer Process" to the appropriate Collaborative based on geography and service needs of the prevention-eligible children and their family. The Case Transfer Process includes the prevention plan, and all information related to the prevention-eligible child and their family. The candidacy determination date and "eligibility clock" will be visible through the Community Portal. The Collaboratives will use the Community Portal as the technical interface for accepting all referrals and cases transfers from CFSA. The Collaboratives will also be able to view the candidacy determination date and "eligibility clock" when reviewing or updating a prevention plan.

Prevention Plan Maintenance by the Collaboratives

As noted, CFSA is developing a web-based Community Portal (technical solution) which will allow CFSA staff to transfer a prevention plan to the appropriate Collaborative as part of the Case Transfer Process. After the case is successfully transferred, the Collaborative will be able to view relevant assessment data about the prevention-eligible child and their family, as well as viewing and updating the prevention plan as needed to reflect current service needs. The Collaborative will not be able to edit the original candidacy determination (eligibility timestamp) but will be able to re-assess risk based on changes to the child or family's situation and needs. The Collaboratives will report to CFSA in real-time if the child or family is no longer participating in services. CFSA staff have full access to the Community Portal to review cases.

Oversight

The requirements of the prevention plan and all aspects of the prevention plan management and ongoing risk assessment are being written into the Collaboratives' FY 2020 contracts. CFSA's Community Partnerships Administration program staff and CFSA's Contract Monitoring Division will provide oversight as part of the FY 2020 contract management. CFSA uses real-time management reports, monthly and quarterly data analyses, and quarterly case-record reviews performed by the contract monitors to oversee the Collaboratives' performance and ensure quality service delivery to children and families. The Collaboratives are required, as part of their contracts, to maintain fidelity with evidence-based model standards. Dedicated Collaborative staff perform internal quality assurance checks. In addition to regular contract oversight, in FY 2020, CFSA will continue to monitor the Collaboratives' CQI activities as part of CFSA's evaluation design. The requirements of the prevention plan and all aspects of the prevention

plan management and ongoing risk assessment are being written into the Collaboratives' FY20 contracts.

Monitoring Child Safety and Risk

During the 12-month period when EBP services are being delivered to Family First prevention-eligible children and their caregivers, CFSA will ensure that each child receives a thorough and accurate assessment of risk on a regular basis through one or both of the following mechanisms:

- (1) Informal risk assessments on an ongoing basis, e.g., through staff-documented conversations and observations of the family dynamics and family home environment.
- (2) Formal risk assessments through completion of the SDM risk assessment instrument every 90 days.

Protocols for both formal and informal risk assessments are outlined in longstanding CFSA In-Home Services policy, stating that "CFSA in-home and private agency (as applicable) staff shall continually assess for safety and risk factors throughout the family's involvement with the District's child welfare system, starting with the initial contact and ending with a safe case closure."¹⁴³ The policy clearly indicates that CFSA and Collaborative staff, along with the CFSA foster care provider, will conduct routine safety and risk assessments for all cases. Furthermore, Collaborative and foster care provider staff are required to carry out periodic risk assessments through their contracts with CFSA. In addition, starting on October 1, 2019, clinicians delivering EBP services to Family First prevention-eligible children and their caregivers are also required through a memorandum of understanding (MOU) between CFSA and sister agencies to complete risk assessments as outlined above for cases where there is no CFSA, Collaborative, or contracted case manager. Through the fulfillment of this requirement, all Family First prevention-eligible children and their caregivers receiving Family First EBP services will receive periodic risk assessments. The family support worker most closely engaged with the family will also conduct risk assessments at any point in the case, acknowledging that risk assessments are more accurate when conducted by a worker who routinely engages with the family.

The assigned case-carrying social worker or clinician will monitor risk assessment results alongside progress toward service goals. If a child's risk of entering foster care does not improve at a reasonable rate during or following the provision of services, the prevention plan will be re-assessed and changed as needed. The reasonable rate at which risk of foster care entry can be expected to diminish will vary among cases due to unique family and case circumstances, as well

¹⁴³ CFSA Policy: Delivery of In-Home Services
https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20In-Home%20Services%20%28final%29%28H%29%28rev%203.19.12%29_3.pdf

as significant variations in the length of each service, which can range from three months to multiple years. Assigned social workers or clinicians will be trained through pre-service and in-service training to identify a “reasonable risk reduction” rate and thereby determine whether changes to a prevention plan are necessary.

Service Array

The Family First Prevention Work Group explored and selected the Family First services. As noted earlier, the work group comprises diverse CFSA staff and external stakeholders from key community organizations and sister agencies. The work group prioritized three broad criteria for selecting each service:

- (1) Identifying a service array that aligns with the characteristics and service needs of target families, thus ensuring that each family will be able to secure a service that meets their specific needs and circumstances.
- (2) Ensuring each service identified has a high level of evidence of effectiveness—not only from national evaluations, but also drawing on data and experiences with these very programs as implemented in DC.
- (3) Prioritizing the selection of existing District services that are currently successful, building on existing capacity, model familiarity, and effectiveness.

The efforts undertaken to identify a comprehensive service array for prevention-eligible children and their families have produced a roadmap for possible services to be claimed under Family First as part of CFSA’s five-year Prevention Plan. As CFSA’s Family First implementation begins in year one, CFSA will leverage existing partnerships and EBP capacity to serve candidate children and their families. Of the services currently deemed allowable by the Title IV-E Prevention Services Clearinghouse, the six outlined below have existing capacity in the District and are funded through other federal sources (Medicaid and the Maternal, Infant, and Early Childhood Home Visiting Program). Due to the existing federal funding mechanisms in place to support the existing service capacity, CFSA will be using local dollars to support the added capacity to the Parents As Teachers (PAT) model, one of the allowable EBPs.

Currently, CFSA is seeking approval to claim funding for the following evidence-based prevention services under Family First:

- ▶ Parents as Teachers (PAT)
- ▶ Healthy Families America (HFA)
- ▶ Motivational Interviewing (MI)

Additional information on the District’s comprehensive evidence-based prevention service array can be found in the *Family First Prevention Plan*.

CFSA will use year one of the Agency’s five-year Prevention Plan to conduct state-level CQI activities to assess capacity needs across the existing prevention service array. CQI activities will determine needs for additional capacity, additional slots for existing services, or new interventions. CFSA may amend the Prevention Plan to expand the service array, specifying additional services to be claimed under Family First, whenever the following circumstances arise:

- ▶ The Title IV-E Prevention Services Clearinghouse adds services.
- ▶ The Agency submits an approved request for an independent systematic review (ISR) to the Clearinghouse.¹⁴⁴

At this time, CFSA does not plan to submit an ISR of services currently not yet rated by the Title IV-E Prevention Services Clearinghouse.

Evaluation and CQI Capacity and Approach CFSA is deeply committed to (1) evaluating the effectiveness of the supported and promising programs invested through Family First and (2) to carrying out robust CQI to understand fidelity and outcomes for well-supported programs. The Agency is poised to make intentional use of the evidence gained through the evaluations and CQI to inform refinements to program implementation, changes to the service array, and practice improvements. To support these efforts, CFSA has marshalled the following internal and external resources for completing rigorous evaluations of programs and CQI as part of Family First.

FY 2022 APSR Update

CFSA obtained approval of Motivational Interviewing (MI) and Parents as Teachers (PAT) for. As a result, the Agency is able to claim for Title IV-E as of July 2020 for these evidence-based prevention services under Family First.

The Family First Implementation continuum includes the following CQI activities performed across all case management and prevention services:

- ▶ Gather and report data.
- ▶ Review data and prioritize concerns.
- ▶ Investigate contributing factors and identify potential solutions.

¹⁴⁴ Required independent systematic review of services as part of the process to claim transitional payments as specified in ACYF-CB-PI-19-06: Transitional Payments for the Title IV-E Prevention and Family Services and Programs: <https://www.cwla.org/wp-content/uploads/2019/07/ACYF-CB-PI-18-09-Attachment-A.pdf>.

- ▶ Present updates, findings, and proposed solutions to CQI subgroup.
- ▶ Track progress, status, and impact of solutions being implemented.

The Community Partnerships Evaluation and Data Analytics team continues to lead and monitor CQI activities and in the coming year will work closely with the Performance, Accountability, and Quality Improvement Administration (PAQIA) to expand CQI efforts.

Internal Evaluation Team: CFSA has hired an evaluation team specifically to design, lead, carry out, document, and communicate evaluations for supported and promising programs under Family First. The evaluation team will also manage CQI for well-supported programs. These staff are expected to possess expert knowledge of evaluation design and methodology. As members of CFSA's Community Partnerships Administration, the evaluation team will be deeply rooted in the programmatic aspects of Family First implementation, supporting the team's analysis using implementation science and CQI activities, while also serving as a cross-functional data-analytics team in partnership with CFSA's Performance Accountability and Quality Improvement Administration (PAQIA). PAQIA analysts will provide direct support to the evaluation team for generating the evaluation and CQI data. Throughout the first CQI cycle (March-April 2020), the internal evaluation team identified three main challenges faced by CFSA's Community Partnerships Administration, its community-based partners and its service providers.

High referral rejection rates: From October 1, 2019 to April 30, 2020, 47 percent of all 229 prevention service requests were eventually denied or rejected by service providers, either because clients were unresponsive or refused to participate in prevention services, or as a result of clients' ineligibility. Nearly 18 percent of all prevention service requests submitted by social workers and approved by their supervisors were eventually denied by the service providers because the referred clients did not meet the eligibility criteria. Ultimately, the internal evaluation team identified one of the root causes of the high rejection rates to be a lack of information about the prevention service eligibility criteria. To reduce the number of rejected referrals, the evaluation team recommended additional training for social workers and their supervisors on the benefits and criteria associated with each prevention service. The creation of online prevention service tip sheets was also recommended and was eventually implemented by the Community Partnerships Administration in collaboration with the Child Information Systems Administration.

FY 2022 APSR Update

Based on analyzing service completion data, Community Partnerships in collaboration with CFSA's Child Information and Systems Administration (CISA) team developed and created

prevention fact sheets to highlight inclusionary and exclusionary criteria in hopes of lowering referral rejection rates and cutting down on wait listing for families and children in need of services. This process has seen good strides with some services and providers over others. As part of efforts to continue education and outreach to social workers, Community Partnerships held a focus group with frontline staff to assess strengths and gather insight on frontline staff experiences with barriers to the referral process and systemic breakdowns.

- ▶ **Delayed referral processing:** The internal evaluation team also identified delays in the processing of prevention service requests. On average, it took 19 days for service providers to reject ineligible clients. In 25 instances, it took more than two weeks for service providers to confirm that they had the capacity to work with a new client. In an attempt to reduce such delays, the internal evaluation team has shared weekly status updates on prevention service requests with the Community Services unit.¹⁴⁵ The Community Services unit routinely collaborates with service providers to identify and address the root causes of the delays on a case-by-case basis.
- ▶ **Waitlisted requests:** The internal evaluation team identified a general increase in the number of waitlisted prevention service requests, i.e., from 2 requests in December 2019 to 15 requests in April 2020. The East River Family Strengthening Collaborative's Effective Black Parenting Program was the program with the highest number of waitlisted requests over the past quarter. Participants were waitlisted until a total of 10 parents were enrolled in the same cohort. Enrolled participants had to wait several weeks and, in some instances, more than a month before the program started. As a result of the CQI cycle and the decrease in the number of prevention service requests, East River reduced its cohort size from 10 participants to 3 participants in order to help.

Ongoing CQI support from Chapin Hall at the University of Chicago: Chapin Hall continues to provide technical assistance support for the development and implementation of CFSA's CQI systems and processes throughout 2019 and 2020. As part of this support, Chapin Hall CQI experts will advise the senior evaluation leads on development and launch of a CQI system that aligns and integrates Family First requirements with CFSA's broader strategic direction and District level CQI efforts.

FY2022 APSR Update

¹⁴⁵ Community Services is a unit within Community Partnerships. Its role is to engage community-based partners and service providers on a daily/weekly basis to monitor the implementation of the Family First prevention services as well as the rest of CFSA's prevention service array.

CFSA worked with Chapin Hall to develop a CQI and evaluation framework by which all CQI activities would be organized and managed. The detailed framework has been used to guide Community Partnerships’ internal evaluation team’s activities. Over the past year, a significant effort has been made to centralize data storage using the Box¹⁴⁶ to ensure all staff have access when needed and in order to ensure clear, timely submission of data from all CFSA-funded community-based organizations, sister agency partners, and other evidence-based providers. Emphasis on data integrity and the creation of a set of standard metrics such as indicators, and outcomes across the Collaboratives, CBCAP programs, and services such as housing for analysis have been defined to ensure the ability to perform robust CQI and evaluations in the future. Over the past year, monthly CQI meetings have helped to strengthen the process as data is discussed and information is shared regarding what is going on directly with providers as they work children and families.

Families First DC

The Families First DC initiative is an up-stream, community-driven, family-strengthening model that utilizes a holistic and whole family approach. To enact this vision, there was a DC Families First grant application process in the fall of 2019 for community-based organizations to compete for 10 Family Success Center grants. After a thorough vetting process that included review of applications and site visits by internal and external stakeholders, the Mayor announced the grantees on December 16, 2019. The District identified the 10 center locations based on current child abuse and neglect data, as well as the need for crime and violence prevention, and the potential for healthy outcomes. The District also completed a qualitative and quantitative analysis of disparities across Wards, and the anticipated, positive impact for Wards 7 and 8.

Below is a chart showing the locations and centers chosen:

WARD 7 Neighborhoods	Family Success Center Grantee
Mayfair/Paradise	North Capital Collaborative (Project Uplift)
Stoddart Terrace/37 th Street, S.E.	Life Deeds
Benning Road & Minnesota Ave	East River Family Strengthening Collaborative
Benning Terrace/Benning Park	East River Family Strengthening Collaborative
Clay Terrace	Sasha Bruce
WARD 8 Neighborhoods	Family Success Center Grantees
Woodland Terrace	Smart from the Start
Anacostia	Martha’s Table
Congress Heights	Far Southeast Family Strengthening Collaborative
Washington Highlands	A Wider Circle

¹⁴⁶ Box is a cloud-hosted file storage service that supports file sharing and collaboration through a robust set of synced editing, commenting, and task assignment functions, along with delegated file and folder security.

Bellevue	Community of Hope
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As noted earlier in the update, the planning phase for Families First DC was slated from January through September 2020. This phase consists of utilizing the existing data, incorporating community input and feedback, and conducting several needs assessments, community resource mappings, and gap analyses. During this planning phase, CFSA has maintained regular attendance and participation in grantee meetings and provided informative presentations about the initiative. CFSA has also focused on identifying the necessary core services (programming) and developing the service menu, as well as key indicators for outcomes and measures of success. Although the core services have not yet been fully determined, the anticipated services will focus primarily on the protective factors of parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. The goal is to leverage resources within the Family Success Center network while maximizing existing partnerships with community-based providers and relevant sister agencies.

As part of CFSA’s community engagement work, the Agency meets twice a month (individually and as a network) with the Family Success Centers, helping to set up the criteria for the centers and facilitating learning opportunities. In addition, CFSA is working with the centers to establish the Community Advisory Councils, which will comprise residents and stakeholders from the individual communities. The Councils’ membership will determine necessary services for the community based on community input and feedback. The centers will recruit for the councils based on criteria CFSA has established. Services will be based on a family strengthening model to increase protective factors, mitigate trauma, fill in gaps in services, and set families up for successful outcomes.

For the integration of services to date, CFSA has met with several government agencies, including DC Public Schools (DCPS), DC Public Libraries, the DC Office of Neighborhood Safety and Engagement, the Executive Office of the Mayor, the DC Department of Health (DOH), DC Parks and Recreation, the Mayor’s Office of Community Relations and Services, and the DC Department of Health and Human Services. CFSA also maintains frequent communication and coordination with several community-based organizations and councils, including the Ward 7 Health Alliance, the Ward 8 Health Council, the Ward 7 Education Council, the Rodham

Institute,¹⁴⁷ the Anacostia Coordinating Council, the Ward 8 Economic Council, and the targeted areas' Advisory Neighborhood Commissions.

CFSA's Community Partnerships staff are trained and certified in the Standards of Quality for Family Strengthening and Support.¹⁴⁸ These trained staff will provide "training the trainer" sessions for all grantees to be knowledgeable in the standards of measurement that will be utilized on the program level and the community level.

The Families First DC team will both build upon existing resources and capacity as well as prioritize the selection of services based upon the compiled research and data. The team includes four Community Partnerships' staff (a program manager, two program specialists, and a data scientist), along with the Family Success Center network and the evaluation workgroup (Families First DC team, grantee representatives for programs, evaluation and data). Research and data will cover the qualitative and quantitative analyses of factors such as homelessness, education and early education, physical and nutritional health, behavioral and mental health, employment, and access to technology. On a community level, work will be done with DC sister agencies such as DOH, DCPS and the Department of Behavioral Health to determine applicable indicators.

FY 2022 APSR Updates

As a continued focus on community-driven upstream prevention, the Family Success Center Grantees have used this past year to close out their FY 2020 planning phase and began the implementation phase of year one in FY 2021. The FY 2021 focus includes continued community engagement, training for Family Success Center staff, and development of an evaluation framework. Examples of trainings included Living the Protective Factors, the Standards of Quality for Strengthening Families, The Importance of Family Engagement, and NowPow. The planning phase for grantees and CFSA occurred from January 2020 to September 2020 to collaboratively build the framework of the initiative. Despite the Covid-19 pandemic, the planning phase continued, and the already-established grantees provided concrete support such as food distribution, diaper banks, and care packages during this unpredictable, most vulnerable period.

Each Family Success Center site has an established Community Advisory Council to determine ongoing community needs and pathways for responding to those needs. The Community Advisory Council is a key component of the Family Success Center Network as each council

¹⁴⁷ The Institute works in partnership with nonprofits, community-based organizations, local government, and academic institutions to help meet health needs and seeks to apply the transformative power of education to achieve health equity in Washington, D.C.

¹⁴⁸ <https://www.nationalfamilysupportnetwork.org/standards-of-quality>

meets monthly and serves as a real-time assessment of needs, as well as serving as advocates for the community, and decision-makers for ongoing programming and outreach. The Council members have also received training and have been advocates and decision-makers at the table with CFSA across the DC Family Success Center Network.

During this initial planning phase, CFSA utilized existing data, incorporating community input and feedback, and conducted several needs assessments, gap analyses, and community resource mappings across the District and specifically in Wards 7 and 8. The Evaluation Framework was developed during the planning phase using the identified protective factors (Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development, and Social and Emotional Competence in Children) as the core and fundamental indicators for family level data. Program and community level indicators were defined and identified, along with the theory of change, and logic model which correlates with the foundation and mission of the initiative and reporting requirements. Program level indicators include:

- ▶ Comprehensive Service Array- Families are satisfied with the service arrays offered by the Family Success Centers
- ▶ High Satisfaction with Family Success Centers- Families are satisfied with the quality of the services offered by the FSCs
- ▶ High Referral/Service Completion Rates-Families are referred to, and participate in, the services they request from the FSCs
- ▶ High Reach- Family Success Centers are able to successfully engage new families who are most likely to benefit from their services.

Community level indicators include *Communities are strengthened and empowered- Increased school attendance, reduced unemployment rates, increased median household income, increased percentage of enrolled behavioral health consumers receiving behavioral health services, reduced number of asthma emergency room visits, reduced number of substantiations and foster care entries and re-entries in FSC neighborhoods, etc.* Additionally, the Evaluation Framework has been refined to include an updated Welcome Form.

The Family Success Center Network meets monthly. There were notable aspects such as a shorter Welcome Form, and a user-friendly Data Reporting Template to revisit and update based upon the feedback from the network. Trainings were conducted based upon identified needs by the Family Success Center Network and continue to be ongoing. Government and community-based partnerships were developed to build trust, leverage resources, and integrate needed services through referrals.

The implementation phase commenced in October 2020 and the 10 Family Success Centers launched in October of 2020. Each held a center-based opening to invite, inform, and welcome community members. Each site has an array of services provided by the organization, or a partner. Services include Parent Cafes, family game nights, financial literacy workshops, job readiness workshops, resume workshop , fitness classes, meditation classes, fatherhood cafes, social emotional learning, concrete supports, Nurturing Parenting program, book club, living the protective factors, GED sessions, to name a few), As a wrap around, whole family, two-generation, holistic approach, when a service that is not directly offered, the center has a warm-hand, strategic process to refer the family, and track services requested to ensure the needs are met.

CFSA's is using NowPow as the system of record for referrals across centers, government agencies, and community-based organizations, as well as serving as the system of record for other key data. Families First DC grantees are required to use NowPow to track referrals. Some grantees also use it for the Welcome Form. Although NowPow is an online resource directory, CFSA customized the system for all grantees to ensure seamless connections between referrals and family access to needed services.

In addition to the opening of the centers and the establishment of the Community Advisory Councils, the implementation phase includes a review of the Evaluation Framework which was created collaboratively with the DC Family Success Center Network and the Evaluation Workgroup and is in the implementation phase. During this phase the group will revisit the research questions, logic model, and theory of change in order to simplify and ensure exact alignment with all of the family, program, and community level indicators. There will also be an opportunity to provide more information to modify and strengthen the CQI framework and Key Performance Indicators (KPI) as necessary.

Finally, there is a Families First DC Monthly Analytics Report that serves as the monthly report of status for the Families First DC initiative providing an analysis of family and program level data such as families served,¹⁴⁹ and records of program attendance and participation. There will also be a quarterly Implementation Assessment Tool, Performance Monitoring and Financial Report due from the centers to CFSA alongside a twice-a-year self-assessment (Standards of Quality for Family Strengthening and Support Program Self-Assessment).

¹⁴⁹ Families served is defined as unduplicated number of families who participated in one-off events organized by the Family Success Center and/or participated in Family Success Center core activities that lasted less than 12 hours and/or participated in Family Success Center core activities that lasted 12 hours or more and/or were referred* to external services.

The Family Success Center Network has thus far served the following number of families:

- ▶ October 2020- 697
- ▶ November 2020- 578
- ▶ December 2020- 614
- ▶ January 2021- 702
- ▶ February 2021- 963
- ▶ March 2021- 727

As discussed earlier, the District has been selected by the Children’s Bureau to join the Thriving Families, Safer Children: A National Commitment to Well-being initiative. Participation will allow CFSA and Agency partners to learn through the process about how to expand upon the array of upstream prevention services that support families early enough to prevent them from becoming system-involved. This opportunity will bring more stakeholders to the table from housing, human services, justice, education, health care, as well as families and community organizations for new insights and approaches to partnering to support families through a diversity, equity and inclusive lens and to continued focus on community-led, government supported prevention activities. This initiative will allow the Agency to continue work to build upon cross-sector relationships to keep children safe and strengthen their families. This opportunity integrates better and builds upon on the Agency’s successful launch of Family First and Families First DC under a Thriving Families, Safer Children umbrella.

CHILDREN’S BUREAU GRANT PROGRAMS

- ▶ Community-Based Child Abuse and Prevention (CBCAP). CBCAP funding supports the strengthening and expansion of the District’s network of coordinated child abuse prevention resources and activities, particularly in partnership with the DC Children’s Trust Fund (DCCTF), a 501(c) 3 nonprofit. The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs. CFSA and DCCTF continue to work closely to conduct strategic and outcome-focused planning for CBCAP-funded activities that promote long-term, sustainable prevention efforts in the District. Activities included parenting classes, community cafés, and activities specific to Child Abuse and Prevention Month.
- ▶ Children’s Justice Act (CJA). The District’s CJA Task Force is a multi-disciplinary, stand-alone body that works to enhance investigative, administrative, prosecutorial, and judicial processes for child victims of abuse and neglect. The Task Force focuses on child fatalities related to abuse and neglect, commercial sexual exploitation of children (CSEC), and the assessment and investigation of cases involving children with

disabilities or serious health-related problems who are suspected victims of child abuse or neglect. The Task Force also makes child maltreatment policy and training recommendations to organizations, offices, or entities within the community. CFSA coordinates and monitors the CJA grant with one CFSA staff member assigned to serve on the Task Force within the category on child protection agencies. CFSA has presented the Task Force with findings from the Child and Family Services Review (CFSR), along with progress on the Agency's Performance Improvement Plan (PIP) and Annual Progress and Services Report (APSR). Presenting issues in the District are used as discussion points as the Task Force identifies goals for the three subcommittees (training, child welfare/criminal justice, and legislation). CFSA shares data and family-based issues with other committee members from partnering agencies who also share initiatives and issues they confront as they work to serve District families.

- ▶ Court Improvement Project (CIP). CFSA collaborates with the DC Superior Family Court by participating on the CIP. The Court Improvement Program Advisory Committee holds quarterly meetings to discuss the ongoing grant-funded programs and plans for new programs to be funded. Co-chaired by the Deputy Presiding Judge and the CIP Director, the committee membership is comprised of many stakeholders in the child welfare community, CFSA, the Office of the Attorney General for the District of Columbia, resource parents, a former foster youth, the Department of Behavioral Health, the Court and others. The CIP participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes, and will collaborate with the Family Court Presiding Judge and the Magistrate Judges, to finalize permanency strategies for submission of the CFSR PIP.

SERVICE DESCRIPTION

The Assessment of Current Performance section (earlier in this report) discusses the Agency's current performance, including strengths and gaps in services related to the goals and systemic factors.

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM

Title IV-B, Subpart 1

CFSA continues to apply IV-B, Subpart 1 funding toward the first of the Agency's Four Pillars: Narrowing the Front Door. Please refer to descriptions contained in this report regarding CFSA's Prevention Paradigm, goal-related objectives, and strategies to meet the objectives.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

CFSA does not conduct inter-country adoptions but rather refers individuals who seek a private adoption to local agencies that specialize in private adoptions. Over the next five years, CFSA will continue to ensure that supportive services are available to families who adopt or achieve guardianship through external partners. Supportive, community-based services may be provided by Adoptions Together¹⁵⁰ and the Center for Adoption Support and Education (CASE).¹⁵¹

For families who adopt or achieve guardianship through CFSA, prior to the finalization of these permanency goals, and again post-finalization, CFSA will continue to notify families of the availability of post-permanency services (e.g., trainings, resources, and referrals). Additionally, CFSA will continue to utilize the internal post-permanency unit to address the service needs of children and families after adoption or guardianship finalization. To support and reinforce the potential for long-term positive permanency outcomes, Adoptions Together and CASE will also continue to provide therapeutic services for CFSA's pre-adoptive and guardianship caregivers.

The same supportive services and post-finalization services will continue to be offered to families who adopt children independently through the District of Columbia.

FY 2022 APSR Update

CFSA no longer contracts with CASE due to underutilization of both CASE and Adoptions Together programs for a number of years. As a result, all post-adoption services are currently provided by Adoptions Together. The services are described later, in the section Additional Services Information.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Over the next five years CFSA will continue efforts to assess and provide the following early intervention services and supports to families with children ages 0-to-5. These services help families to achieve prompt, safe, and stable permanency, in addition to supporting children's healthy development.

CHILDREN IN FOSTER CARE - SCREENINGS AND EVALUATIONS

As referenced above, the Healthy Horizons Assessment Center (HHAC) is CFSA's on-site clinic for providing health screenings. HHAC also serves as the primary vehicle for medical evaluations for children entering, re-entering, exiting, or changing placements in foster care. In addition to the

¹⁵⁰ CFSA formerly contracted with the Post Permanency Family Center (PPFC), administered by Adoptions Together. PPFC no longer exists and as a result post-adoptive services are provided directly by Adoptions Together.

¹⁵¹ The Center for Adoption Support and Education is a local organization that promotes adoption awareness, provides counseling services, and develops the skills for professionals and families to be "adoption competent."

health screenings, HHAC clinicians complete the Ages & Stages Questionnaire (ASQ) to identify delays and to refer children to appropriate educational resources in the District. Within 28 days of the removal or re-entry of a child between one month and five years, the HHAC clinical staff completes the ASQ to look for any delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The outcome of each screening is sent to the Office of the State Superintendent of Education's (OSSE) Strong Start program or Early Stages program for review and determination of need for a more in-depth evaluation or identification of specialized services or supports. The DC Public Schools' (DCPS) runs the Early Stages program, which serves children between the ages of 2 years and 8 months to 5 years and 10 months. After assessments, the program may recommend specialized instruction, speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

Within 28 days of the removal or re-entry of a child between three months and five years old, co-located Department of Behavioral Health specialists also complete the Ages and Stages Questionnaire – Social-Emotional (ASQ-SE) for social and emotional delays in self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction. CFSA also sends the outcome of each screening to OSSE for review and determination of needs. OSSE and DCPS jointly administer the District of Columbia's Individuals with Disabilities Education Act (IDEA) Part C Early Intervention program for children ages 0-to-5. The DC Early Intervention Program (DC EIP) – Strong Start Child Find Program (under OSSE) serves children, ages 0-to-2 years and 10 months. As noted earlier, Strong Start is a system that identifies and refers children who may have a disability or developmental delay, particularly in one or more of the following areas: speech, language, fine or gross motor skills, social and emotional skills, vision, and hearing.

Once referred to the program, staff assigns the family to an initial service coordinator (ISC) who makes a referral for an evaluation to determine eligibility and to gather information for an individualized family services plan (IFSP), if warranted. Based on the outcome of the evaluation, the program staff may assign the family to a dedicated service coordinator (DSC) who facilitates the linkages to early intervention services. Program staff review IFSPs on a semi-annual basis (at a minimum) while completing annual evaluations to determine the need for continued services. The outcome of the screening and the determination of whether or not an in-depth evaluation is required are subsequently reported back from OSSE to HSA and the assigned social worker. HSA nurses are then responsible for notifying the assigned social workers of the outcome of the screening and subsequent evaluation.

CHILDREN IN FOSTER CARE – CHILD CARE

CFSA has established a relationship with the District’s Department of Human Services (DHS), which issues childcare vouchers, in order to help resource parents to expedite the processing of applications. After CFSA’s childcare coordinator helps the resource family determine childcare needs and services, the coordinator walks the family through the process of applying for a subsidy and voucher. Once DHS receives and reviews the application, DHS contacts CFSA’s point of contact, OWB’s early education specialist, within 24 to 48 hours. In addition to the DHS childcare vouchers, CFSA provides emergency in-home, nanny services through a contract with PSI Family Services, Inc. PSI’s services are tailored for families where childcare is a barrier to placement. These services are temporary, i.e., up to 10 days of childcare for a maximum of 10-hours-a-day for children ages 0-to-5. During the 10-day time frame, the early education specialist researches a more permanent option.

CHILDREN IN FOSTER CARE – EDUCATION

Within the first 48 hours after children ages 0-to-5 are separated from their parents, the early education specialist from OWB reaches out to the social worker and resource parent to assist the family with identifying and securing appropriate childcare or early education programs to promote the child’s healthy development. Education specialists are discussed in further detail in Goal 3, Education.

CHILDREN RECEIVING IN-HOME SERVICES – HEALTH

Assigned in-home social workers refer infants and young children to CFSA’s community nurses co-located at the community-based Collaboratives whenever the infants or children are diagnosed with special medical needs and observed to have a developmental delay. The community nurses (formerly known as the infant and maternal health specialists) are available to assist in-home families and to discuss their child’s health and medical needs, either in their home or elsewhere in the community. The nurse assesses the child’s needs which can range from outdated immunizations to an acute or chronic health condition. The nurse then connects the family with appropriate medical services. In addition, the nurse will develop and implement, evaluate and revise a plan of care to ensure appropriate treatment (based on the child’s age, developmental level, and diagnosis). As needed, nurses also connect families to community resources or District agencies, monitoring their follow-up health care needs.

Community nurses complete the ASQ for children ages 0-to-3 to identify delays in the child’s communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The nurses also refer children to the appropriate educational resources in the District. The nurses send the outcome of each screening to OSSE’s Strong Start or DCPS’ Early

Stages programs for review and determination of need for a more in-depth evaluation or identification of specialized services or supports.

CHILDREN RECEIVING IN-HOME SERVICES – CHILD CARE

When there is a need for childcare, in-home social workers will refer families to the Department of Human Services' Child Care Subsidy Program (Child Care Voucher Program). The Child Care Subsidy Program helps eligible families who live in the District of Columbia pay for childcare services. The program helps provide income-eligible working families with access to quality, affordable childcare that allows them to continue working and to contribute to the healthy, emotional and social development of the child. In addition to helping income-eligible, working families, the Child Care Subsidy Program also serves the following populations:

- ▶ Families who are receiving Temporary Assistance for Needy Families (TANF) and participating in education and training in accordance with their Individual Responsibility Plan
- ▶ Families not receiving TANF, who are pursuing additional education to improve their job opportunities
- ▶ Teen parents seeking a high school degree or its equivalent

CHILDREN RECEIVING IN-HOME SERVICES – EDUCATION

As stated earlier, OSSE and DCPS administer programs for young children to identify any delays that a child may have and arrange services to address them. Similar to young children in foster care, young children in in-home cases are referred to the Strong Start program (see above for steps taken once a referral is made). The outcome of the screening and the determination of whether or not an in-depth evaluation is required are subsequently reported back from OSSE to CFSA's nurse and the assigned social worker.

Young children receiving in-home services can also be referred to the Early Stages program. Once referred, the child will receive a developmental screening. If necessary, the child will receive a more in-depth evaluation and services. If it determined the child needs an evaluation, the family will be assigned a family care coordinator, who walks the family through the process from start to finish. As stated earlier, some of the services that Early Stages can recommend include specialized instruction, speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

At times, in-home social workers will refer families directly to the Strong Start and Early Stages programs for an evaluation of a child for any developmental delays. Social workers provide ongoing support and help the family navigate through the process. At the outcome of the

evaluation, if a delay is confirmed, a plan is developed so that specialized services and supports can be provided to the identified child and family. Social workers help parents, caregivers and children by developing a plan to address their needs and connecting them with appropriate resources for proper diagnosis, treatment and support. Coming up with a plan to address family needs often includes the social worker working with the family and a team of service providers who can decide together the issues to be addressed and how to address them.

FY2022 APSR Updates

The District activities to support children under 5 without a permanent family include the following:

- PEER to support birth parents in navigating our system and services in order to reunify
- Triple P parenting which PEERs are trained to facilitate (<https://www.triplep-parenting.com/us/about-triple-p/what-is-triple-p/>)
- Family Treatment Court which includes (but not limited to) one program (Clarks Inn) where 0-5 age children can be placed with their parent while the parent goes through in patient treatment
- Project Connect which is intensive parenting support to teach parents in recovery how to parent (most successful with 0-5 yr old children/families)
- Licensing all resource parents as foster/adopt allowing them to be the adoptive home if the goal changes to adoption
- KinFirst, and engagement of kin as placement which supports parents towards reunification and if reunification is not possible, they are licensed and can be adoptive resources
- Concurrent planning, supported through PGRMs at 100 days in care and 9 months in care

CFSA continues to administer the Ages and Stages Questionnaire (ASQ) to assess children under the age of five. When ASQ screenings suggest that a child is not hitting a developmental milestone such as, speech development, fine motor skills, or response to visual prompts, the Agency refers the child to the District's Office of the State Superintendent of Education (OSSE). Through its Strong Start program, OSSE administers a comprehensive evaluation to identify needs and determine appropriate interventions.

EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

Immediate notification of a child fatality generally comes to CFSA through one of two sources: law enforcement officers contacting the District's Child Abuse and Neglect Hotline, or CFSA employees contacting the Hotline directly. CFSA may also learn about District child fatalities through media sources and requests from the Office of the Chief Medical Examiner (OCME) to review a list of children who may have had involvement with the Agency.

The statutory responsibility for reviewing child deaths lies with the District's Child Fatality Review Committee (CFRC),¹⁵² under the auspices of the OCME. CFSA has permanent representation on the committee, as well as its own internal process for reviewing fatalities of any children whose family had contact with the Agency within five years of the child's death. CFSA's internal committee includes a multidisciplinary team of key program leaders from the Offices of the Director, Entry Services, Permanency, Well Being, and General Counsel. Representatives from the Agency's Child Welfare Training Academy and Policy Unit are included. A representative from OCME also attends to ensure a stronger network between the Agency and CFRC. Based on the timing of a child's death, a fatality case may not necessarily be reviewed within the same year (e.g., the case of a child dying in December may be reviewed in January of the following year, or a child's death that was not CFSA-involved may not be reported by OCME to CFSA until a year or more later after the death).

CFSA's internal review process seeks to identify any systemic, training, supervision, safety, or policy issues that surface during the review of these cases. As a result of these reviews, CFSA identifies specific recommendations in hopes of reducing any factors that may relate to a fatality (despite the fact that abuse-related fatalities are statistically lower than any other type of fatality). CFSA's CFR Unit completes the child fatality review process. A fatality review specialist completes a detailed review of the deceased child's family history with CFSA, including services offered as well as interventions needed. The survey tool utilized for the review asks for specific demographic details to examine trends on younger parents, past history with CFSA and other agencies (including parental involvement in child welfare as child victims), employment, housing, substance use, service delivery, etc. The information gathered by the survey is used to identify trends, themes, and systemic issues in an effort to determine policy and practice changes as needed.

All child fatality information is reported to the National Child Abuse and Neglect Data System (NCANDS), based on information entered into the District's web-based child information system, FACES.NET. When reporting child fatalities to NCANDS, CFSA uses information from OCME and the District's Metropolitan Police Department. In planning the development of a child maltreatment fatality prevention plan, the District will build upon the foundation of local laws, regulations and policies already in place, as well as the work already being done by the District's

¹⁵² Pursuant to DC Law, the committee includes representatives from the following District agencies: Department of Human Services, Department of Health, Office of the Chief Medical Examiner, Child and Family Services Agency, Metropolitan Police Department, Fire and EMS Department, DC Public Schools, DC Housing Authority, Office of the Attorney General, Department of Behavioral Health, Department of Health Care Finance, Department of Youth Rehabilitation Services, Office of the State Superintendent of Education, and Public Charter School Board.

CFRC and CFSA's internal committee. Both of these committees have annual reports that include recommendations for practice, protocols and initiatives that seek to take lessons learned and to provide safety nets children going forward. Recommendations from these committees will be reviewed and discussed further to determine the status of the recommendations and which can be utilized for the purposes of creating a comprehensive city-wide plan that is relevant and purposeful for the District going into fiscal year (FY) 2020.

FY 2022 APSR Updates

Throughout CY 2020, CFSA's Internal Child Fatality Committee (ICFR) implemented the following recommendations that were generated during CY 2019 committee meetings:

Communication with DC Health

Recommendation: Develop a process to obtain consistent and reliable information from DC Health on fatalities in the District so that decedents whose families have prior history with CFSA can be reviewed in a timely manner.

Status: Implementation in process.

Aligned Activities: During CY 2019, the CFR Unit developed a process for receiving decedents' information directly from DC Health for fatalities under the ICFR committee's review under the Agency's current memorandum of understanding (MOU) with DC Health. A representative from the CFR Unit submits requests to DC Health to obtain death records for known decedents on a quarterly basis. The CFR Unit is currently working with DC Health to develop a new MOU which will allow monthly data-sharing of fatalities of DC residents ages 26 and younger so that the CFR Unit can identify decedents whose families had CFSA involvement prior to their death and prepare fatality reviews in a timelier manner. It is anticipated that the MOU will be finalized by the end of FY 2021.

ICFR Membership

Recommendation: Representatives from contracted placement provider agencies are invited to participate on the ICFR Committee.

Status: Implementation complete.

Aligned Activities: Representatives from the National Center for Children and Families and Children's Choice have accepted invitations to join the ICFR Committee and have attended ICFR committee meetings on a regular basis.

Electronic Recordkeeping of Critical Events and Unusual Incidents

Recommendation: Establish a consistent protocol for entering critical event information into the Agency's child welfare information system, FACES.NET, in addition to a protocol for

managing client files, responding to OCME information requests related to children with prior CFSA involvement, and logging follow-up activities stemming from contracted providers that have submitted unusual incident reports that CFSA has investigated.

Status: Implementation in process.

Aligned Activities: Currently, new FACES.NET information cannot be added to closed investigations or closed cases; new information can only be attached to a closed investigation or to a closed case as an Information & Referral entry in FACES.NET. The CFR program manager has shared with the administrator of CFSA's Child Information Systems Administration the data need for adding new information and for integration of the capability for CFSA's transition to the new computerized child welfare information system.

Evaluation of Environmental Risk Factors

Recommendation: Ensure that practitioners identify and evaluate all adults living (or potentially living) in the same home as a child in foster care.

Status: Implementation in process.

Aligned Activities: ICFR committee members share committee findings from monthly meetings with the program managers, supervisors, and administrators in their respective program areas. Through clinical supervision, supervisors continue to work with social workers to identify adults who live or spend significant time in the home and to ensure the evaluation of the adults.

CY 2020 Recommendations Approved in March 2021

During CY 2020, the following recommendations were proposed during monthly ICFR committee meetings related to CY 2020 fatalities and approved by the committee in March 2021.

Primary and Secondary Stress for Child Welfare Professionals

Recommendation: Provide support to child welfare professionals who experience client-related traumatic stress; report instances of stress within the Agency and document services rendered.

Status: Implementation in process.

Aligned Activities: CFSA convened a Secondary Traumatic Stress workgroup to examine the issue of traumatic stress across the agency and identify potential supports for Agency staff. Supports identified and are available to staff include in-house CWTA training on secondary traumatic stress and vicarious trauma; professional support and counseling through the INOVA Employee Assistance Program (EAP); and short-term, confidential, one-on-one or group intervention with a CFSA-contracted licensed clinical practitioner. CFSA also developed tip sheets for staff and supervisors on how to identify signs of traumatic stress, how to

identify resources that are available to staff, and how staff can access resources and supports.

Information Sharing Agreements with DC Agencies

Recommendation: Improve information sharing between DC Government agencies to advance the quality of data available for investigations and case practice.

Status: Implementation in process.

Aligned Activities: A subcommittee of representatives from Office of Planning, Policy, and Program Support, Entry Services, Permanency, the Office of Well-Being, and the Office of Youth Empowerment has created an inventory of memoranda of understanding (MOUs) and memoranda of agreement (MOAs) with other DC Government agencies to determine what information-sharing protocols are currently in place. The subcommittee is also evaluating current gaps in information-sharing to inform potential updates to current MOUs and MOAs as well as possible development of new MOUs and MOAs. Needs that are not currently addressed in existing MOUs and MOAs will be elevated if necessary.

Tracking Patient Medical Histories and Providers

Recommendation: Encourage use of a comprehensive medical information platform among hospitals and medical providers in the District of Columbia.

Status: System-level recommendation to be shared with the DC Citywide Child Fatality Committee following the July 2021 release of CFSA's annual Child Fatality Report.

Rationale: It has been observed that families may use different doctors in an attempt to hide patterns of abuse or neglect. Although there is a designated system, the Chesapeake Regional Information System for Patients (CRISP), for the electronic transfer of clinical information between Maryland and the District of Columbia, not all medical providers serving Maryland and DC use the system. The use of a comprehensive medical information system across hospital and medical providers may allow providers to identify potential patterns of abuse or neglect, alert CFSA of new concerns, and possibly prevent abuse and neglect homicides.

FY 2021 APSR Updates

Based on monthly child fatality reviews and prevention practice discussions throughout 2019, the CFSA Internal Child Fatality Review (ICFR) committee generated actionable recommendations in the following areas:

- ▶ **Infant Safe Sleeping:** As the ICFR continued to review cases with evidence of unsafe sleeping practices, CFSA representatives shared ICFR's observations and

recommendations with fellow agencies, including the DC Department of Health and the Office of the Chief Medical Examiner. In November 2019, the leader of the National Institute of Child Health and Human Development's Safe to Sleep public education campaign attended the monthly ICFR meeting to present national trends and prevention practices. Mindful that many of the sleep-related fatalities have involved parental substance use, CFSA assigned the Comprehensive Addiction and Recovery Act (CARA) team, discussed later in the Child Abuse Prevention and Treatment Act (CAPTA) section of this report, to develop a brochure about using marijuana while being pregnant or while caring for babies.

- ▶ **Inter-agency communication:** CFSA is continuing to work with its agency partners to develop a method of obtaining consistent and reliable information regarding fatalities of children that are not committed to CFSA. CFSA has a current memorandum of understanding (MOU) with the DC Department of Health that was finalized back in December 2015. The CFR unit is currently relying on the MOU to obtain cause and manner of death information. However, CFSA is also looking to modify the MOU to include additional data sharing. The modified MOU has not yet been finalized.
- ▶ **ICFR Membership:** In 2019, CFSA extended regular ICFR membership to include the Agency's key contracted partner, the National Center for Children and Families (NCCF). NCCF has case managing responsibility for all CFSA children placed in Maryland. By participating in the monthly ICFR meetings, NCCF is kept abreast of lessons learned, case practice issues related to fatality reviews, and any potential strategies for the prevention of child fatalities for families known to the CFSA.
- ▶ **Fatalities in neighboring states:** CFSA's Entry Services team has been engaging in quarterly meetings with their counterparts in Maryland's Prince George's County, a neighboring jurisdiction where fatalities involving District residents commonly occur. These meetings include discussions around development of reliable protocols for informing CFSA when Maryland's Department of Social Services learns of fatalities involving child residents of the District.

FY 2022 APSR Update

The 2019 Annual Child Fatality Review report is available at <https://cfsa.dc.gov/publication/2019-annual-child-fatality-review-report>

The 2020 Child Fatalities Data Snapshot is provided as an attachment. A comprehensive report will be published in July 2021.

The 2018 Annual Child Fatality Review report is available at <https://cfsa.dc.gov/publication/2018-annual-child-fatality-review-report>

SUPPLEMENTAL APPROPRIATIONS FOR DISASTER RELIEF ACT

FY 2022 APSR Update

New

The additional appropriations did not apply to CFSA.

SUPPLEMENTAL FUNDING TO PREVENT, PREPARE FOR, OR RESPOND TO CORONAVIRUS DISEASE 2019 (COVID-19)

FY 2022 APSR Update

New

In FY 2020, CFSA was awarded \$48,985 in supplemental funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 (COVID-19). Per the Children's Bureau's guidance, this funding is to be used to ensure the safety, permanency, and well-being of children in families involved in the child welfare system during the COVID-19 pandemic. The funding should help to ensure that child welfare personnel and service providers have the tools and equipment to be able safely visit children in their family environments and in their foster homes whenever possible, and that there are technological supports to assist with workers with remaining in contact remotely when needed.

CFSA's leadership team worked to develop a spending plan that included purchasing of personal protective equipment for social workers, including hand sanitizers, disinfectant wipes, gloves, full-face protective shields, and face masks. In addition, the Agency purchased computer equipment to assist clients with participating in virtual visits and computer/telecom equipment for staff to continue Child Protection Register checks and to support the technology infrastructure for Hotline staff. These items included headsets for Hotline and Child Protection Register staff, extra laptop cords to replace lost or damaged ones, tablets, and tablet cases for birth and resource parents.

CFSA expended all the awarded funds as described.

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

Title IV-B, subpart 2

PSSF services are available District-wide, encompassing all geographic areas wherein families have access to programs and services funded under the program.

FAMILY PRESERVATION SERVICES

Through the SSF initiative, the Agency has more flexibility to use IV-E funds for the prevention of removals, keeping children safely at home through in-home services. The Title IV-E Waiver also allowed CFSA to expand its partnerships with both public and private agencies in the District to implement a diverse array of services and resources available to families in all of the District's communities.

In FY 2017, SFF was redesigned to provide improved access to tailored services (formal and informal). In addition, SFF provides interventions aimed at reducing risk while reaching more families at risk of involvement with CFSA. In addition to targeting families with multiple and complex needs or difficulties that statistically lead to children suffering neglect and cumulative harm, service targets include young families experiencing homelessness as well as grandparents participating in the District's Grandparent Caregiver Subsidy Program. The following services continue to be included:

Emergency Family Flexible Funds	Family Group Conferencing
Respite services	Parent Education Support
Support groups and trainings	Mobile Stabilization Support
Information and Referral	Homemaker Services

Community-Based Family Support Services

CFSA has a contractual partnership with the Collaboratives (described above), which support both prevention and intervention services for families that are known and unknown to CFSA. Support for families known to CFSA includes preparation for reunification as well as post-reunification supports to prevent re-entry of children into care. The Collaborative services will continue in 2019. Please refer to Goal 1: Narrowing the Front Door, regarding the Collaboratives.

Family Reunification Services

The following key services will continue in FY 2019 to support family reunification:

- ▶ CFSA manages the Rapid Housing Program to provide short-term rental payments to families in need of stable housing.
- ▶ CFSA manages the Family Unification Program vouchers for long-term rental assistance for families.
- ▶ CFSA coordinates with other DC Government agencies to help families to access existing city-wide housing resources.

- ▶ The Family Treatment Court in DC promotes family reunification through the provision of comprehensive substance use treatment and related services to facilitate achieving timely permanency for children.

FY 2022 APSR Update

Throughout FY 2020 and into FY 2021, CFSA has continued service delivery under the areas of Family Preservation Services, Community-Based Family Support Services, and Family Reunification Services. As mentioned in previous years, the Collaboratives and other District Government agencies continue to provide prevention and intervention services for families that are known and unknown to CFSA. Additionally, the Agency continues to rely on funding through Family First (for families known to CFSA) and Families First DC (for upstream prevention with families not known to CFSA).

- ▶ In FY 2021, Community Partnerships established a Housing Review Committee (HRC) to further streamline the business process for social workers and designees to access housing assistance for youth and families. The HRC includes a panel of CFSA staff who review housing assistance requests from social workers for the youth and family clients. Assistance provided to the youth or family comes from one of three programs: Flex Funds which provides emergency financial assistance for families including assistance with utility bills, housing related expenses, daycare, food, clothing etc.); the Rapid Housing Assistance Program (RHAP) which is a locally designed CFSA rental assistance program that provides up to one year of rental assistance, first month's rent, security deposit, and rent arrears; or the Family Unification Program (FUP) which is a voucher program that provides permanent housing to CFSA-involved families where housing is a barrier to permanency or family stabilization including long term rental assistance but does not provide first month rent/security deposit. Once the HRC hears the social worker's presentation and justification of the assistance request, committee members make a final recommendation within three business days. All recommendations are reviewed by CFSA's director for a final decision. Once approved, youth and families can begin the process of searching for housing relevant to the program for which they have been approved.
- ▶ **RHAP-** Families and youth approved for assistance have 90 days from the date of approval to locate housing and submit documentation for assistance. During FY20 and FY 2021 mid-year (10/1/2020-3/31/2021), a total of 86 families and 27 youth applied for RHAP. Fourteen families and 25 youth received assistance based on their eligibility. In total, 51 children were the beneficiaries of this subsidy.

- ▶ **FUP-** During reporting period 10/1/20-3/31/21, there was a total of 6 youth and 14 families (20 applicants) that presented requests to the DC Housing Authority for consideration of the FUP voucher. Two youth and four families received vouchers based on their eligibility. There was a total of seven applicants remaining in the pending status: two youth and five families during this reporting period.

Title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) estimated expenditure percentages in FY 2022:	% of Total
a) Family Preservation Services	20.0%
b) Family Support Services	40.0%
c) Family Reunification Services	20.0%
d) Adoption Promotion and Support Services	20.0%
Rationale: In keeping with a renewed emphasis on prevention services and family support across the District, CFSA’s heaviest investment of PSSF dollars continues to be on direct interventions at the front end of the child welfare continuum.	

CFSA administers and/or funds (through grants and contracted partnerships) various direct intervention services at the Front Door of the child welfare continuum. These include home visitation programs, housing assistance, legal assistance, individual and group support programs, and post adoption and reunification support services. The Agency uses local tax dollars, federal formula grants, and (as of FY 2021) title IV-E prevention funding to underwrite these services. As part of the Supporting Youth and Families through the Pandemic Act, CFSA received a supplemental payment of \$164K in Promoting Safe and Stable Families (PSSF, or title IV-B subpart 2) funding. CFSA is strategizing on how best to use this supplemental payment within this Front Door intervention framework in FY 2022.

FY 2021 APSR Update

Funding for the Title IV-E Waiver ended on September 30, 2019. Family preservation services that help to prevent removals and keep children safe at home continue to be provided through CFSA’s In-Home Administration. CFSA also offers a diverse array of services and resources through CFSA’s partnerships with public and private agencies. To ensure continued service delivery, CFSA will rely upon funding through Family First (for families known to CFSA) and Families First DC (for upstream prevention with families not known to CFSA). The Collaboratives will also continue prevention and intervention services for families that are known and unknown to CFSA.

The following family reunification services will continue in FY 2020:

- ▶ **Family Flexible “Flex” Funds (FFF)**- The FFF program (FFF) provides emergency financial assistance to help families achieve permanency when children are in foster care, and to help support family stabilization when families are receiving in-home services. The FFF program also helps to prevent children from coming into care. The funds are reserved and readily available to meet the urgent service needs of families and to provide concrete social support to families living in multi-generational homes. The funds are accessible both to CFSA-involved families and families working with Collaboratives.
- ▶ **Family Unification Program**- The Family Unification Program (FUP) is a voucher program under the Housing Choice Vouchers through the District of Columbia Housing Authority. These FUP vouchers provide permanent housing to CFSA-involved families where housing is a barrier to permanency or family stabilization. The FUP vouchers also provide semi-permanent housing to youth who are aging out from foster care and are between the ages of 18-24 and classified as homeless. The vouchers do not to exceed 36 months.
- ▶ **Rapid Housing Assistance Program**- The Rapid Housing Assistance Program provides short-term rental assistance to families and youth. The program helps prevent children from entering care, assists families when housing is the only barrier to permanency, and assists youth transitioning from foster care (or former foster youth) to establish a stabilized housing post exiting from foster care.
- ▶ **Family Treatment Court**- The Family Treatment Court is a court-supervised, voluntary residential substance abuse program for caregivers whose children are the subject of a child neglect case. The program promotes family reunification through comprehensive substance use treatment that includes screenings, assessments, integrated case plans and intensive case management to caregivers. The program serves mothers and fathers whose cases involve both substance use and child neglect. The program includes residential treatment options, as well as outpatient and intensive outpatient treatment options.

ADOPTION PROMOTION AND SUPPORT SERVICES

Each child or sibling group with a goal of adoption receives an adoption recruiter who utilizes existing resources and develops individualized recruitment plans and strategies. CFSA’s recruitment team includes a unit that works closely with each nurse care manager assigned to a child with a diagnosis of medically fragile and an identified pre-adoptive family. By doing so, the nurse can explain any specific needs or requirements to prepare the family. As described in the Permanency section above, CFSA’s Permanency Specialty Unit (PSU) provides both pre- and post-adoption support for families. PSU social workers assess the family’s needs, refer the family

to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family’s transition into adoption.

FUNDING

As indicated on the Agency’s FY 2021 CFS-101 Financial Forms submitted with this report, the specific percentages of Title IV-B, subpart 2 funds that will be expended on actual service delivery of family preservation, community-based family support, family reunification, and adoption promotion and support services is 100 percent. Additionally, the amount to be allocated to planning and service coordination is zero percent. No funding is utilized for administrative costs. Overall the estimated expenditures are \$793,700.

FY 2022 APSR Update

As indicated on the Agency’s FY 2022 CFS-101 Financial Forms submitted with this report, the specific percentages of Title IV-B, subpart 2 funds that will be expended on actual service delivery of family preservation, community-based family support, family reunification, and adoption promotion and support services is 100 percent. Additionally, the amount to be allocated to planning and service coordination is zero percent. No funding is utilized for administrative costs. Overall, the estimated expenditures are \$696,242.

SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

CFSA’s Contracts and Procurement office oversees the decision-making process for selecting vendors to provide various services to CFSA staff and clients, including family support services. The Contracts and Procurement office strives to provide quality goods and services for District agencies through a coherent and streamlined procurement process that is responsive to the needs of its customers and suppliers. The following regulations govern the contracting and procurement process in the District of Columbia:

- ▶ **27 DCMR.** The District of Columbia Municipal Regulations (DCMR) is the official code of the permanent rules and statements of general applicability and legal effect promulgated by executive departments and agencies and by independent entities of the Government of the District of Columbia.
- ▶ **Procurement Practices Reform Act of 2010 and the DC Official Code.** The procurement of goods and services are procured by utilizing competitive sealed bids or proposals, Human Care Agreements, and small purchases. During the procurement process, CPA and the program personnel have differing roles and responsibilities. The following table provides a very simple overview of the differing roles each entity is expected to play throughout the process:

Program Staff	CPA Staff
<ul style="list-style-type: none"> • Identify minimum need and requirement • Prepare the Scope of Work • Prepare budget and funding recommendations • Enter requisition in PASS • Certify invoices for payments 	<ul style="list-style-type: none"> • Collaborate with the vendor/agency on complex requirements • Conduct the procurement • Award the contract • Administer the contract

The primary contracting methods used by CPA are the Competitive Sealed Proposals and the Human Care Agreements (HCAs). These methods allow CPA and CFSA’s program personnel the flexibility of choosing competent organizations that can provide high levels of services for CFSA’s clients while ensuring adequate competition. These methods also allow a provider to propose new and innovative solutions.

CFSA’s solicitations require competing organizations to ensure that children will be provided services that employ a family-centered approach to care; ensure culturally competent services in line with the youth’s culture, including ethnic, socio-cultural and linguistic strengths; provide linguistically competent services; ensure community-based services to assist youth in maintaining connections with schools, churches, friends and families; and develop a community-based network of services and affiliations that will facilitate supportive services for children and their families in the community of origin, community of placement, or the community where a potential kinship care or family-based foster care provider resides. Now fully implemented as a contracted service, each HCA demonstrates a provider’s capacity to meet all requirements under specialized scopes of work for each placement setting, including performance requirements tied to the achievement of positive outcomes for children in care.

Community-based providers who submit applications or proposals in response to requests from the Agency must demonstrate their status through submission of licensure or certification, as applicable, as well as fiscal documentation, e.g., confirmation of 501(c)3 status. Similar to the contracting process, CFSA’s network of grant-funded prevention programs (Parent Education and Support Project, Home Visitation, Father-Child Attachment) has been established through a competitive procurement process as part of a formal Request for Applications. The Agency has established criteria for applicants (e.g., non-government agency, evidence of non-profit status) as well as a series of technical requirements based on the resources being sought.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

For several years the top five factors for substantiations of child abuse and neglect for CFSA were (1) inadequate supervision, (2) physical abuse, (3) educational neglect, (4) domestic violence, and (5) parental inability to provide care due to hospitalization, incarceration, or another issue. However, in FY 2018, substance use by a parent, caregiver or guardian exceeded the number of referrals substantiated for parental inability to provide care.¹⁵³ CFSA continues to observe that most local instances of child abuse and neglect are rooted in untreated mental health issues paired with parental substance abuse, usually phencyclidine (PCP), heroin, or the synthetic marijuana drug known as K2. These difficulties are frequently exacerbated by risk factors such as chronic unemployment, unstable housing or homelessness, and social isolation.

Based on the most recent population estimates from the U.S. Census Bureau, the District's population was 702,455 with 17.9 percent of the residents under the age of 18.¹⁵⁴ The District of Columbia is compactly populated and divided into eight Wards which contain targeted service areas for child welfare and other arenas, such as public safety. Most recent data from Kids Count based on population data from the U.S. Census Bureau indicates the following geographic distribution of children residing in the District as of 2016.¹⁵⁵

Number of Children under 18 in the District by Ward

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
10,444	4,387	12,902	17,233	15,470	11,547	17,963	24,765

FY 2022 APSR Updates

Populations at Greatest Risk of Maltreatment

CFSA's declining foster care population continues to be a departure from the national trend. The District continues to be one of only two or three jurisdictions avoiding a steep increase in foster care.¹⁵⁶ In working to help child victims and struggling families in the District, CFSA faces a host of social issues on a daily basis. Even as the overall number declines, the needs of children and families who come to CFSA's attention remain acute (e.g., since FY 2018, CFSA continues to

¹⁵³ FACES.Net management report INV050

¹⁵⁴ District of Columbia. *Quick Facts*. July 1, 2018. U.S. Census Bureau. <https://www.census.gov/quickfacts/dc>

¹⁵⁵ Kids Count Data Center 2016

¹⁵⁶ Trends in foster care and adoption. <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption> ; <https://cwoutcomes.acf.hhs.gov/cwodatasite/inCareOctoberOne/index>

receive between four to five thousand hotline calls that result in an investigation: 4,313 in FY 2018 the 5,005 in FY 2019 and 4,544 in FY 2020) ¹⁵⁷

For several years, the top five factors for substantiations of child abuse and neglect were (1) inadequate supervision, (2) physical abuse, (3) educational neglect, (4) domestic violence, and (5) parental inability to provide care due to hospitalization, incarceration, or another issue. However, since FY 2018, the number of substantiated referrals for substance use by a parent, caregiver or guardian continues to exceed the number of referrals substantiated for parental inability to provide care.¹⁵⁸ CFSA continues to observe that most local instances of child abuse and neglect are rooted in untreated mental health issues paired with parental substance abuse, usually phencyclidine (PCP), heroin, or the synthetic marijuana drug known as K2. These difficulties are frequently exacerbated by risk factors such as chronic unemployment, unstable housing or homelessness, and social isolation. Families involved in the District’s child welfare system are historically and primarily African American, but also typically include the second or third generation of families struggling in similar ways with similar issues.

Based on the most recent population estimates from the U.S. Census Bureau, the District’s population was 705,749 with 18 percent of the residents under the age of 18.¹⁵⁹ As noted earlier in the APSR, the District of Columbia is compactly populated and divided into eight Wards which contain targeted service areas for child welfare and other arenas, such as public safety. Most recent data from Kids Count (based on population data from the U.S. Census Bureau) indicate the following geographic distribution of children residing in the District as of 2016.¹⁶⁰ There were increases in the number of children under 18 years of age in each Ward except 1, 2 and 3.

TABLE 5: Number of Children under 18 in the District by Ward

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
10,832	4,351	13,428	19,638	15,315	14,444	19,782	26,140

While the racial and ethnic configuration of children in the District of Columbia has remained relatively stable across Wards over the past few years, it also varies from approximately 62

¹⁵⁷ Source: CFSA Oversight Hearing 2021. There were 989 referrals substantiated in FY 2020; 1204 in FY 2019 and 1127 in FY 2018.

¹⁵⁸ FACES.Net management report INV050 for FY 2020.

¹⁵⁹ District of Columbia. *Quick Facts*. July 1, 2019. U.S. Census Bureau. <https://www.census.gov/quickfacts/fact/table/DC/PST045219>

¹⁶⁰ Kids Count Data Center 2019.

percent Caucasian in Ward 3 to over 90 percent African American in Wards 7 and 8. The current majority of District residents identify as African American, so it is reasonable to expect that the majority of children in foster care also identify as African American. In 2018, Kids Count reported that 55.9 percent of children in the District under the age of 18 identified as Non-Hispanic, African American.¹⁶¹ FACES.NET data from March 2021 indicate that African American children continue to comprise 89 percent of the District's foster care population.¹⁶²

As of March 2021, data indicated that CFSA and its private agency partners were serving 1,907 children. This represents nearly a 5 percent decrease in children served at the end of FY 2020.¹⁶³ Of the 1,907 children, 648 (34 percent) children were in out-of-home care, while 1,259 (66 percent) families were receiving in-home services.¹⁶⁴ Also as of March 2021, data continue to reveal that the majority of the District's children in foster care (57 percent) reside in Wards 7 and 8 (27 and 30 percent, respectively). The District continues to see children enter care from Ward 5; 18 percent in March 2021, 19 percent in March 2020 and 9 percent in March 2019). Children in Wards 8, 7 and 5 have been exposed to more than one poverty-related risk factor, including high crime rates, distressed neighborhoods that could contribute to poor educational outcomes, maladaptive behaviors, child maltreatment, chronic health issues, early parenthood, long-term dependence on public assistance, increased rates of incarceration, homelessness, and unemployment. CFSA is finalizing the procurement process to bring on an eleventh FSC site. The newest FSC site will be located in the Carver-Langston neighborhood in Ward 5 and was selected using the same geospatial analysis described in Systemic Factor 5 under Planned Activities to target neighborhoods with the highest prevalence of crime/violence, reports of child abuse and neglect, and impacts of the social determinants of health.

Poverty is recognized as a predominant characteristic of child welfare populations. According to the 2019 American Community Survey 1-Year Estimate, the District's child poverty rate remains high at 13.5 percent compared to 10.5 percent for the entire United States. However, the District's child poverty rate also decreased to 13 percent from a previous 16 percent. At present, roughly 19 percent of District children under the age of 18 years old were considered living below the poverty line in 2019 compared to 17 percent of children in the United States. According to Kids Count, child poverty is more prevalent in Ward 7 (40 percent) and Ward 8 (43 percent) than in other District Wards.¹⁶⁵ Considering child poverty and the aforementioned risk factors primarily within Wards 7 and 8, CFSA launched a city-wide prevention plan: Families First

¹⁶¹ Kids Count Data Center 2019.

¹⁶² FACES.Net management report PLC156

¹⁶³ A total of 2,002 children were receiving in-home and out-of-home services as of September 30, 2020.

¹⁶⁴ The total count of 1,907 children includes children served in in-home cases as well as children remaining at home while siblings are being served in out-of-home placements. Source: FACES.NET CMT232 Management Report.

¹⁶⁵ Kids Count Data Center 2019.

DC. The Families First DC Success Centers are intended to mitigate the chances of families coming to CFSA's attention through prevention and early intervention work. The locations of the Families First DC Success Centers were selected based on social determinants of health data, violence prevention priority areas, and substantiated reports of child abuse and neglect.

FY 2021 APSR Updates

Upstream Prevention

The Mayor's Families First initiative places 10 Family Success Centers across neighborhoods where a dominant number of CFSA-involved families reside (particularly in Ward 7 and Ward 8). As mentioned previously, the initiative designates community hubs that provide wraparound services for children, families and community members. After the District completed a qualitative and quantitative analysis of disparities across the District, children and families in these two Wards were found to be at greatest risk for child maltreatment. See the previous section on the Family First Prevention Plan for more updates on the Families First Initiative.

For several years the top five factors for substantiations of child abuse and neglect were (1) inadequate supervision, (2) physical abuse, (3) educational neglect, (4) domestic violence, and (5) parental inability to provide care due to hospitalization, incarceration, or another issue. However, since FY 2018, substance use by a parent, caregiver or guardian continues to exceed the number of referrals substantiated for parental inability to provide care.¹⁶⁶ CFSA observes that parental substance use is often paired with untreated mental health issues for most local instances of child abuse and neglect. The most commonly cited drugs are phencyclidine (PCP), heroin, marijuana and the synthetic marijuana drug known as K2. Substance use and untreated (or undiagnosed) mental health issues are frequently exacerbated by other risk factors such as chronic unemployment, unstable housing or homelessness, and social isolation. Families involved in the District's child welfare system are not only primarily African American, but typically the second or third generation struggling in similar ways with similar issues.

Based on the most recent population estimates from the U.S. Census Bureau, the District's population was 705,749 with 18.1 percent of the residents under the age of 18.¹⁶⁷ As noted earlier in the APSR, the District of Columbia is compactly populated and divided into eight Wards which contain targeted service areas for child welfare and other arenas, such as public safety. Most recent data from Kids Count based on population data from the U.S. Census Bureau indicates the following geographic distribution of children residing in the District as of 2018.¹⁶⁸

Number of Children under 18 in the District by Ward (Data as of 2018)

¹⁶⁶ FACES.Net management report INV050

¹⁶⁷ District of Columbia. *Quick Facts*. July 1, 2019. U.S. Census Bureau. <https://www.census.gov/quickfacts/fact/table/DC/PST045219>

¹⁶⁸ Kids Count Data Center 2018

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
10,908	4,790	13,879	13,879	15,027	13,448	19,757	25,215

While the racial and ethnic configuration of children in the District of Columbia has remained relatively stable across Wards over the past few years, it also varies from approximately 77.7 percent Caucasian in Ward 3 to over 90 percent African American in Wards 7 and 8. The majority of District residents identify as African American, so it is reasonable to expect that the majority of children in foster care also identify as African American. In 2017, Kids Count reported that 54 percent of children in the District under the age of 18 identified as Non-Hispanic, African American.¹⁶⁹ FACES.NET data from March 2019 indicate that African American children continue to comprise over 90 percent of the District’s foster care population.¹⁷⁰ Families involved in the District’s child welfare system are not only primarily African American, but typically the second or third generation struggling in similar ways with similar issues.

At the end of the second quarter of FY 2019, data indicated that CFSA and its private agency partners were serving 2,288 children. This number represents a three percent increase in children served at the end of FY 2018.¹⁷¹ Of the 2,288 children, 867 (38 percent) children were in out-of-home care, while 1,421 (62 percent) of the children remained at home and were receiving in-home services.¹⁷² Data continues to reveal that the majority of the District’s children in foster care (77 percent) reside in Wards 7 and 8 (23 and 54 percent, respectively). All of these children have been exposed to more than one poverty-related risk factor, including distressed neighborhoods that could contribute to poor educational outcomes, maladaptive behaviors, child maltreatment, chronic health issues, early parenthood, long-term dependence on public assistance, increased rates of incarceration, homelessness, and unemployment.

Poverty is recognized as a predominant characteristic of child welfare populations. The District’s child poverty rate remains at record high levels. According to the 2013-2017 Census Bureau’s American Community Survey five-year estimates, 17 percent of District residents live below the poverty line compared to 15 percent poverty level for the entire United States. Specifically, for the District, 26 percent of children under the age of 18 years old were considered living below the poverty line compared to 20 percent of children in the United States. According to Kids

¹⁶⁹ Kids Count Data Center 2017

¹⁷⁰ There was no difference in percentage of African American children when looking at those under 18 and all children in foster care.

¹⁷¹ A total of 2,205 children were receiving in-home and out-of-home services as of September 30, 2018.

¹⁷² The total count of 2288 children includes children served in in-home cases as well as children remaining at home while siblings are being served in out-of-home placements. Source: FACES.NET CMT232 Management Report.

Count, child poverty is more prevalent in Ward 7 (41 percent) and Ward 8 (49 percent) than in other District Wards.

Many children and parents have already faced traumatic events long before their involvement with CFSA. Yet, CFSA focuses on working with the entire District's child welfare system to meet local needs while also continuing to improve the delivery of positive outcomes that these children and families both require and deserve. Over the next five years, services for these populations will be targeted through the services provided through the Collaboratives, and through the approved the Family First Prevention Plan services.

FY 2021 APSR Updates

While the racial and ethnic configuration of children in the District of Columbia has remained relatively stable across Wards over the past few years, it also varies from approximately 62 percent Caucasian in Ward 3 to over 90 percent African American in Wards 7 and 8. The current majority of District residents identify as African American, so it is reasonable to expect that the majority of children in foster care also identify as African American. In 2018, Kids Count reported that 56.8 percent of children in the District under the age of 18 identified as Non-Hispanic, African American.¹⁷³ FACES.NET data from March 2020 indicate that African American children continue to comprise over 90 percent of the District's foster care population.¹⁷⁴

CFSA's declining foster care population continues to be a departure from the national trend. The District is one of a few jurisdictions avoiding a steep increase in foster care.¹⁷⁵ In fact, the District has the highest percent change in the decrease of its foster care population between FY 2009 and FY 2018.¹⁷⁶ The decrease of children and youth in foster care is in part due to CFSA's consistent building the prevention continuum. CFSA social workers support child victims and struggling families in the District managing a host of social issues on a daily basis. Even as the overall number declines, the needs of children and families who come to CFSA's attention are evident, considering the volume of Hotline calls the Agency receives (e.g., CFSA received 19,916 calls to the District's 24-hour Child Abuse and Neglect hotline in FY 2019).¹⁷⁷

¹⁷³ Kids Count Data Center 2018.

¹⁷⁴ There was no difference in percentage of African American children when looking at those under 18 and all children in foster care.

¹⁷⁵ Trends in foster care and adoption. <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption>

¹⁷⁶ Data based on the number of children in foster care as of September 30th each fiscal year between FY 2009 and FY 2018. <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption>

¹⁷⁷ Source: BIRST. October 1, 2017 – September 30, 2018. CFSA Office Dashboard System

As of March 2020, CFSA and its private agency partners were serving 2,214 children. This represents a less than one percent increase in children served at the end of FY 2019.¹⁷⁸ Of the 2,214 children, 731 (33 percent) children were in out-of-home care, while 1,483 (67 percent) families were receiving in-home services.¹⁷⁹ Data continues to reveal that the majority of the District's children in foster care (58 percent) reside in Wards 7 and 8 (25.4 and 32.8 percent, respectively). The District has observed a rise in the percentage of children entering foster care from Ward 5 (19 percent in March 2020 versus 9 percent in March 2019). Children in Wards 8, 7 and 5 have been exposed to more than one poverty-related risk factor, including high crime rates, distressed neighborhoods that could contribute to poor educational outcomes, maladaptive behaviors, child maltreatment, chronic health issues, early parenthood, long-term dependence on public assistance, increased rates of incarceration, homelessness, and unemployment.

Poverty is recognized as a predominant characteristic of child welfare populations. The District's child poverty rate remains at record high levels. According to the 2018 American Community Survey 1-Year Estimate, 16.2 percent of District residents live below the poverty line (12.9 percent when using a 5-Year Estimate) compared to 11.8 percent poverty level for the entire United States. Specific for the District, roughly 26 percent of children under the age of 18 years old were considered living below the poverty line compared to 21 percent of children in the United States. According to Kids Count, child poverty is more prevalent in Ward 7 (39 percent) and Ward 8 (46 percent) than in other District Wards.¹⁸⁰

Many children and parents have already faced several traumatic events long before their involvement with CFSA. In recognition of such circumstances, CFSA continues to focus on meeting the complex needs of families while also dedicating resources to improve the delivery of positive outcomes for all families.

KINSHIP NAVIGATOR FUNDING

FY 2022 APSR Update

With the FY 2021 Kinship Navigator Program funding, the Kinship Support Unit will continue to implement the program enhancement activities outlined in the Agency's 2018 grant application. These activities aim to improve community and caregiver capacity for keeping children safe and well in the homes of their relatives.

¹⁷⁸ A total of 2,195 children were receiving in-home and out-of-home services as of September 30, 2019.

¹⁷⁹ The total count of 2214 children include children served in in-home cases as well as children remaining at home while siblings are being served in out-of-home placements. Source: FACES.NET CMT232 Management Report.

¹⁸⁰ Kids Count Data Center 2018.

- ▶ ***Kinship Caregiver Support Line*** Since implementing the Kinship Caregiver Support Line, there have been 172 calls.
- ▶ ***Online Community Resource Directory*** The *Online Community Resource Directory* was operational at the start of FY 2020 with tools and resources that address the particular needs of kinship caregivers. Kinship navigators use the directory while helping clients via the Kinship Caregiver Support Line. Kinship navigators also search for services and resources by location and service type before forwarding the information to clients via text messaging or email. As of April 13, 2021, the directory accounted for a total of 118 referrals.
- ▶ ***Family Enrichment Events*** During the public health emergency, many kinship families have felt isolated and disconnected from the community. They have found it difficult to engage in traditional family activities. As a result, CFSA hosted virtual family enrichment events that involved all members of the family. Families were engaged in a variety of activities that ranged from family game night to hosting a dance party with a live DJ. Additionally, CFSA hosted a Health and Wellness workshop that covered stress, self-care and creating a serenity space.
- ▶ ***Community-Based Partner Capacity Building*** CFSA is seeking to expand the accessibility of the Navigator Program by planning to initiate a marketing campaign to maximize the visibility of the program in all of the District's eight Wards. There is also a plan to develop a comprehensive kinship navigator on-line platform where caregivers can easily access services and resources. This platform will include how to apply for the Grandparent Caregivers Program and the Close Relative Caregivers Program. As an enhancement, there will be an electronic application to enable the program to process applications in an efficient manner. This platform will also incorporate resources available to formal and informal kinship caregivers, as well as being the central point of information for navigating kinship families.
- ▶ ***Establishment of a Local Kinship Advisory Committee*** The Kinship Programming Advisory Committee (KinPAC) convened its first meeting at the end of FY 2019. KinPAC held its most recent meeting virtually in April 2021. The committee's scope includes two primary activities:
 - Engage community-based service providers and partners to train and inform them of the particular needs of kinship caregivers and to provide technical assistance to build their capacity to attend to the needs of this population.
 - Ensure that the *Community Resource Directory* is up-to-date with available community-based services and supports.

Moving forward, KinPAC will add older youth who are in the care of their kin. The youth voice will provide the committee with a different perspective and help focus in on what their individual needs may be. Older youth will be recruited within the Grandparent Caregivers Program and the Close Relative Caregivers Program.

- ▶ **Facilitation of Support Groups for Kinship Caregivers** In FY 2020, CFSA conducted an environmental scan regarding the existing support groups for kin caregivers. Since the District did not have a kinship-specific caregiver support group, KinPAC formed a sub-committee to develop and operate such a support group. CFSA partner with FAPAC (Foster and Adoptive Advocacy Center), a community organization, to assist in running these groups.

FY2021 APSR Update

CFSA's Kinship Support Unit is housed within the Agency's Office of Program Operations. The unit engages relative caregivers (and potential relative caregivers) both inside and outside the foster care system. With the FY 2020 Kinship Navigator Program funding, the Kinship Support Unit continues to implement the program enhancement activities outlined in the Agency's initial 2018 grant application. All kinship activities are directed at improving community and caregiver capacity to keep children safe and well in the homes of their relatives. CFSA will maintain these activities with the support of the FY 2021 federal Kinship Navigator grant award.

Improve Kinship Caregiver Access to Community-based Services and Supports

- ▶ **Kinship Caregiver Support Line** CFSA administers a dedicated toll-free *Kinship Caregiver Support Line* to provide direct support as well as information and referral services to callers. The *Kinship Caregiver Support Line* is staffed by members of the Kinship Support unit. The kinship navigators serve a dual function: (1) providing real-time facilitation or mediation of conflicts or issues that are occurring in the kinship caregiver's home, and (2) submitting referrals and linkage to nearby community-based resources that are equipped to address any number of issues. Hours of operation for the Support Line on weekdays are from 8:15am – 4:45pm. The Support Line number is (866) FAM-KIN1. Since implementing the Kinship Caregiver Support Line, the Agency has partnered closely with the Collaboratives, the Foster and Adoptive Parent Advocacy Council (FAPAC), and the members of the Kinship Programming Advisory Committee (see below) to spread the word about The Kinship Caregiver Support Line. Since February 2020, the Support line has received 89 calls through February 2020.

- ▶ **Online Community Resource Directory.** CFSA developed and implemented the *Online Community Resource Directory* at the start of FY 2020 to provide kinship caregivers with the tools and resources that address their particular needs. Kinship navigators also use a directory, developed on the NowPow¹⁸¹ referral platform that was adapted for the District's resources. NowPow serves as a referral gateway to various service providers and government benefit programs. At this stage of implementation, kinship navigators have exclusive access to the system. Upon receipt of a community inquiry, the navigator will search for services and resources by location and service type. The navigator can then forward the client's information via text messaging or email. As of February 29, 2020, the navigators have responded to 58 referrals.
- ▶ **Community-Based Partner Capacity Building.** As part of the Agency's commitment to support kinship caregivers, CFSA encourages and supports the capacity-building activities of the five neighborhood Collaboratives located throughout the District. The capacity-building activities focus on the needs of relatives caring for another family member's children. In many instances in which these children go to stay with their kin, the informal "placement" is an unplanned arrangement resulting in hardship for the caregiver. To alleviate hardships, kinship caregivers may first seek support from the local Collaborative. Capacity-building activities ensure that intake staff have the tools and resources appropriate for responding to and intervening on behalf of kinship caregivers in need. Such activities include partnerships between Collaborative staff and other community-based programs, organizations, and agencies within their areas. These partnerships increase the range of tools and quality supports to which Collaboratives can refer, serve, and support families. Services and supports may include housing and utility assistance, employment assistance, mental health services, and emergency food and clothing in addition to enrichment programs.
- ▶ **Family Enrichment Events.** Family enrichment is a key aspect to the overall well-being of children and families, including kinship families caring for the children of relatives. Enrichment events and community engagement can range from a family enjoying a special neighborhood festival to kinship caregivers' participation in community forums and trainings, networking meetings, and daily outreach workshops on prevention of neglect. Due to many kinship caregivers being unable to afford family outings, CFSA has partnered with the Kinship Programming Advisory Committee (see description below) to sponsor events in which a family can spend quality time together at no cost to the family. The Agency currently seeks to expand CFSA's enrichment programming capacity to include workshops specific to the needs

¹⁸¹ NowPow offers a platform to create highly matched shared, tracked and coordinated client referrals.

of the caregivers and children. Included in this expansion is the Collaboratives' capacity to coordinate and promote ongoing engagement activities that support families in their neighborhoods, foster awareness and prevention of abuse and neglect issues within their respective communities, and bring together residents, merchants, community groups, and other stakeholders around topics important to kinship caregivers.

▶ ***Establishment of a Local Kinship Advisory Committee.*** In conjunction with the launch of the Kinship Navigator Program, CFSA created the Kinship Programming Advisory Committee (KinPAC) in 2019.¹⁸² KinPAC is a cross-system team that ensures coordination and continuity among the various providers and agencies that interface with kinship families. The committee convenes quarterly to share information about services and support, to coordinate campaigns for programs benefitting kinship families, and to learn about and strategize around emerging issues impacting kinship families in DC. KinPAC convened its first meeting towards the end of FY 2019 and held its most recent meeting in January 2020. The following activities are included in the meetings' agenda:

- Engage community-based service providers and partners to train and inform them of particular needs of kinship caregivers and provide technical assistance to build their capacity to attend to the needs of this population.
- Ensure that the *Community Resource Directory* is up to date with available community-based services and supports.
- Coordinate events and activities to provide specific supports to kinship caregivers. For example, in the past year, the committee partnered with the DC Office of the State Superintendent of Education to provide assistance with enrolling children in the school lottery for openings in charter schools. Additionally, the committee partnered with the DC Department of Parks and Recreation to secure early access for kinship caregivers to summer programs with limited enrollment. Most recently, the committee partnered with the Collaboratives to present in-home activities for resource parents to keep children occupied during the COVID-19 pandemic.

During meetings, some of the kinship caregivers identified needs regarding the high costs for the following activities: Sending a youth off to college; "Senior Spring" and graduation expenses for high school youth; Uniforms and school supplies at the start of every school year.

¹⁸² KinPAC membership consists of Kinship Support Unit staff, kinship caregivers (including grandparent caregivers), service providers, DC Department of Health, Department of Youth Rehabilitation Services, and the DC State Chapter of the American Association of Retired Persons.

- ▶ **Facilitation of Support Groups for Kinship Caregivers.** CFSA recognizes that kinship caregivers need emotional support as well as material supports through community-based resources. Since various community-based and neighborhood-based partners already facilitate support groups for kinship caregivers, CFSA's intent is to leverage the existing framework of support group services. Currently in FY 2020, CFSA has been conducting an environmental scan regarding these existing support groups for kin caregivers. The results of the scan will determine whether to proceed with establishing support groups or simply to add existing groups to the *Online Community Resource Directory*.

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

Per CFSA's [Visitation Policy](#), children entering foster care or experiencing a new placement while in foster care shall receive one visit per week for the first four weeks of placement. The social worker with case management responsibility must make at least two of the visits while a family support worker or a nurse care manager can make the other two visits. At least one of the visits in the first four weeks must be in the home where the child is placed.

After the first four weeks of placement, CFSA policy requires children in foster care to receive two visits per month. The social worker with case management responsibility must make at least one of the visits. Again, a family support worker or nurse care manager can make the second visit. At least one of these monthly visits must occur in the home where the child is placed. Additionally, the policy emphasizes that the quality of visits should support deeper engagement of parents (including birth fathers) with the child and moves them forward in line with their case plan.

While the Agency prioritizes the placement of children within or close to their neighborhoods, schools, and communities of origin, individual child needs or preferable kinship care arrangements may warrant placing the child with caregivers who are located some distance from the District. Over the next five years CFSA plans to continue to use monthly caseworker visitation (MCV) funds to augment local investments to help cover the long-distance travel expenses of social workers who must complete home visits with children who are placed outside the District. CFSA will continue to utilize federal MCV funds to cover costs associated with airfare, rail tickets, car rentals, and other expenses that help facilitate social worker visits to youth placed in other states, as well as reimburse for vehicle mileage for local visitation.

FY 2022 APSR Update

CFSA is meeting the monthly case worker benchmark. There are no updates on policy pertaining to visits or any changes to the use of monthly caseworker visitation (MCV) funds.

FY 2021 APSR Update

CFSA is meeting the monthly case worker benchmark. There are no updates from the information that was provided in last year's report.

ADDITIONAL SERVICES INFORMATION

CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

The federal Title IV-E Waiver demonstration project allowed the District flexibility to use federal and state foster care maintenance funds for the provision of direct services to children and families. The Safe and Stable Families program is CFSA's Title IV-E Waiver demonstration project, which is geared toward improving in-home services and outcomes for children. The Safe and Stable Families program includes services such as family preservation, family support, time-limited reunification, and adoption promotion and support. While the Waiver-funded evidence-based national models worked well, the models were typically designed with restrictive eligibility requirements for a narrow group of people. CFSA prepared for the end of Waiver funding by making programmatic adjustments to bolster referral capacity, wind-down program operations and to ensure long-term sustainability. The Children's Bureau granted CFSA a no-cost extension to provide prevention services through the Waiver until September of 2019.

During the past year, CFSA launched its Family First Prevention Work Group with a cross-sector of government and community members. The work group was charged with developing a citywide strategy to strengthen and stabilize families. This group helped to shape the Agency's five-year Family First Prevention Plan that was submitted in April 2019 to the Children's Bureau. The plan outlined the array of prevention services that will be available to support Family First prevention eligible children and caregivers. As a result, the Agency is optimizing current programs and aspects of the Family First Act and transitioning successful Waiver-funded evidence-based programs (EBPs) into IV-E prevention-funded EBPs. In addition, The District of Columbia Mayor's Fiscal Year 2020 Budget included funding for a new Families First DC initiative. Under this initiative, the District will work with community partners, and empower families with resources, support, and opportunities tailored to their needs within their neighborhood.

FY 2021 APSR Updates

The Title IV-E Waiver funding ended on September 30, 2019. As stated earlier in this report, CFSA transitioned to services supported through the Family First Prevention Plan and is currently planning for additional service implementation through Families First DC. Further information on

the Family First Prevention Plan services and Families First DC can be found earlier in this report in the Collaboration and Vision section as well as the Service Coordination section.

Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payments can be used for services to help children in foster care find permanent homes through adoption and legal guardianship. CFSA expects to continue to utilize these funds for supporting post adoption services¹⁸³ and the PEER specialists.

CFSA expended the \$457,000 that was obligated to be spent by September 30, 2018. CFSA was awarded \$385,000 in Adoption and Legal Guardianship Incentive Payments. Under federal rules, CFSA has until September 30, 2019 to obligate and spend \$270,000 and September 30, 2020 to obligate and spend \$115,000. The Agency is on target for spending these funds by the close of FY 2020.

FY 2022 APSR Update

Adoption and Legal Guardianship Incentive Payments can be used for services to help children in foster care find permanent homes through adoption and legal guardianship. CFSA carried over \$184,457 from FY 2019 into the FY 2021 award. The Agency spent the entirety of the award in support of community-based services and supports for post-permanency families. CFSA has a long-standing partnership with Adoptions Together, which received incentive funds to provide an array of adoption and post-permanency supports to children (and their families) involved in the child welfare system. The Adoptions Together “FamilyWorks Together” program features post-permanency counseling and support groups among other supportive services. The program employs clinicians who provide family and individual counseling and/or facilitate support groups. Adoptions Together also administers a robust training program that addresses issues pertaining to adoption of infants, older youth, and also children from other countries. Lastly, on its website the program maintains a compendium of online, on-demand training videos covering a wide array of topics of interest and concern to post-permanency families. In FY 2020, Adoptions Together served 48 families and a total of 58 children. Due to the ongoing social distancing guidelines, services continue to be offered in the form of tele-mental health therapy sessions. Adoption and Legal Guardianship Incentive Payments will continue to fund post-permanency services and supports.

FY 2021 APSR Update

¹⁸³ Post Permanency Family Center (PPFC) was a program previously administered by Adoptions Together that CFSA contracted with. PPFC no longer exists and as a result post-adoptive services are provided directly by Adoptions Together.

CFSA utilizes Adoption and Legal Guardianship Incentive Payments for supporting post-permanency support services for families with children who were child welfare-involved. The Agency also uses the incentive payments to support CFSA's PEER specialists who work directly with parents of children recently placed into foster care.

At the start of FY 2020 (October 2019), CFSA was awarded \$184,517 in additional funding to be spent by the end of FY 2022 (September 2022). CFSA carried a balance of \$103,000 in prior Adoption and Legal Guardianship Incentive Payments funding into FY 2020. The Agency is on target to obligate and spend that entire balance.

CFSA has encountered no changes, issues or challenges to the plan for timely expenditure of this source.

ADOPTION SAVINGS

Adoption Savings are financial savings that CFSA achieves with respect to funds due to the expansion of eligibility of children who meet the criteria of an "applicable child" under the federal Title IV-E Adoption Assistance program. Federal law requires CFSA to spend an amount equal to any savings achieved as a result of applying the differing program eligibility criteria to applicable children.

CFSA expects to claim the Adoption Savings over the next five years for services provided through the Post Permanency Family Center, Adoptions Together, and the Center for Adoption Support and Education. CFSA plans to claim FY 2019 saving in FY 2020 and to claim a minimum of 25 percent of pre-2019 cumulative unused savings starting in 2020, annually, until the balance is \$0. The Agency does not have any challenges in accessing and spending the funds. An Adoption Savings Methodology form is not needed as CFSA uses the Children's Bureau Method with Actuals to calculate adoption savings. This was the same method used last fiscal year.

FY 2022 APSR Updates

Adoption Savings are financial savings that CFSA achieves due to the expansion of eligibility of children who meet the criteria of an "applicable child" under the federal Title IV-E Adoption Assistance program. Federal law requires CFSA to spend an amount equal to any savings achieved as a result of applying the differing program eligibility criteria to applicable children.

Over the course of the first 5 years of the Adoption Savings program (from FY 2015 through FY 2019), CFSA accumulated approximately \$575,000 in Adoption Savings funding without incurring any expenses. In FY 2020, the Agency accumulated an additional \$98,000 and expended slightly more than \$572,000 across all three categories of allowable expenses: post-adoption and post-

guardianship supports; services for children at risk of entering foster care; and other title IV-B or title IV-E allowable services. Specifically, CFSA used the Adoption Incentive Funds to support the foster and adoptive parent training, support, and retention activities of FAPAC, one of CFSA's community-based partners. Additionally, CFSA invested the Adoption Savings funding in the District's Rapid Housing Assistance Program to support activities and expenses related to mitigating housing barriers of children at risk of entering foster care, as well as those related to supporting youth who recently exited from the foster care system.

In FY 2021, there were no changes to CFSA's methodology for calculating the Adoption Savings. An Adoption Savings Methodology form is not needed as CFSA uses the Children's Bureau method with actuals to calculate adoption savings. This was the same method used last fiscal year. The Agency will be expending the carryover from FY 2020 (approximately \$100K) by September 30, 2021. Thereafter, CFSA anticipates spending the Adoption Savings by the end of the fiscal year that follows the end of the award year.

FY 2021 APSR Update

Based on CFSA's spending patterns and cashflow regarding post permanency, the Agency is optimizing other funding sources for these programs.

As of August 31, 2020, CFSA has expended \$550,000 of the approximately \$575,000 in Adoption Savings that it has accumulated since FY 2016. With the savings, the Agency funded a portion of the Rapid Housing Program (RHP) to provide housing supports to families whose housing issues created barriers to family reunification out of foster care, or to provide time-limited housing supports to youth emancipating from foster care. A total of \$350,000 of the Adoption Savings was invested in the RHP. CFSA used an additional \$200,000 to fund a grant to one of the Agency's community-based partners, the Foster and Adoptive Parent Advocacy Center (FAPAC), for their Provider Enhancement Project (PEP) which comprises resource parent support and retention services and activities. The remaining \$25,000 will be expended in FY 2021.

CFSA acknowledges that, because of the dynamics around the planning and implementation of the Family First Prevention Services Act programming and the transition planning from the title IV-E Demonstration Project, the Agency has been somewhat delayed in expending and reporting accumulated Adoption Savings. Going forward, the Agency will be sure to expend accumulated Adoption Savings within the fiscal year that follows the reporting year of the CB-496 Part IV in which they are reported.

CFSA expects to continue to claim the Adoption Savings for post-permanency services provided through the Post Permanency Family Center, Adoptions Together, and the Center for Adoption

Support and Education for families with welfare-involved children. The Agency does not have any challenges in accessing and spending the funds. CFSA has made no changes to the calculation methodology identified in its previous submission.

FY 2022 APSR Update

New: Family First Prevention Services Act (FFPSA) Transition Grants

At the time of the closure of the title IV-E Demonstration Project in September of 2019, CFSA was using the flexible title IV-E waiver funds to support a wide array of community-based services and supports for children within the foster care system as well as children receiving in-home services. The FY 2020 FFPSA Transition Grant award of \$593,681 was instrumental in helping bridge a funding gap in FY 2021 between the end of the IV-E waiver and the full implementation of the Agency's title IV-E Prevention Services program.

CFSA is presently using the FY 2021 FFPSA Transition Grants to fund a series of community-based prevention services for children and families at-risk of entering the child welfare system.

- ▶ CFSA used \$98,500 toward the Parent Adolescent Support Service (PASS) program, administered by the DC Department of Human Services. PASS programming serves youth (ages 10 to 17) who have committed "status offenses," such as truancy, curfew violations, or extreme disobedience. It is a voluntary service featuring various evidence-based interventions for improving communication and family functioning.
- ▶ An additional \$200,000 was directed toward the Neighborhood Legal Services' Family Preservation Project, which provides at-risk families with legal consultation and services to keep families together and to avoid involvement with the child welfare system.
- ▶ CFSA (in partnership with the DC Housing Authority) funded the Rapid Housing Assistance Program (RHAP) with \$200,000 to help at-risk families and youth aging out of foster care with time-limited housing supports to mitigate risk of entry into foster care and to promote self-sufficiency.¹⁸⁴

These services are not eligible for payment under title IV-E Prevention Services. During FY 2021, the Agency implemented a series of evidence-based programs under the Family First Prevention Services Act, and in the 2nd quarter of the year submitted the first title IV-E Prevention Services claim for services that were otherwise funded with local dollars. Following the liquidation of the FFPSA Transition Grants for these activities, CFSA will sustain these activities and services through a combination of local and federal block grant funding (as appropriate and available).

¹⁸⁴ In FY 2020, CFSA used Adoption Savings funding to support elements of the Rapid Housing Assistance Program.

New: Family First Transition Act Funding Certainty Grants

CFSA has not utilized any of its Funding Certainty Grant award as of June 30, 2021. However, the Agency is engaged in strategic planning as to how best maximize this significant funding source to further strengthen the Agency's Front Door programming over the course of the grant period.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

AGENCY ADMINISTERING CHAFEE

Child and Family Services Agency (CFSA) is the state agency that administers, supervises, and provides oversight of the Chafee program in the District of Columbia. The CFSA Office of Youth Empowerment (OYE) directly administers the Chafee program through its Independent Living (IL) program. The program is required by regulation to provide IL services to youth ages 15-21 who are or were in the custody of CFSA. The program is designed to serve these youth with educational, vocational, career, and other transitional supports.

Description of Program Design and Delivery

One of CFSA's Four Pillars¹⁸⁵, *Exit to Permanence*, demonstrates CFSA's value that every child and youth exit foster care quickly, safely and to a permanent home. When older youth are unable to achieve permanency, they will have lifelong connections, a well-supported environment and the skills for successful adulthood.

CFSA through OYE provides an array of program supports to assist youth in achieving independence. CFSA provides educational and independent living services to all youth in care, either through OYE or through services provided by CFSA's contracted private provider agencies.

Education

In November 2018, CFSA developed a new model of educational support services that maximizes the use of the education specialist staff to produce better educational outcomes for youth in foster care. Education specialists at both OYE and the Office of Well Being (OWB) provide services to youth through three tiers of services:

1. Direct services and intensive supports throughout the school year to the most educational at-risk youth (in the areas of attendance, behavior and coursework) using an evidence-based student engagement model called *Check & Connect*, as well as other interventions.
2. Assigned to each supervisor and their social work unit at CFSA and private agencies to serve as the point of contact (POC) for consultative support on individual cases and issues as needed.

¹⁸⁵ CFSA's *Four Pillars Strategic Framework* was established in 2012. The four key practice areas are Front Yard/Front Porch/Front Door, Temporary Safe Haven, Well Being, and Exit to Permanence.

3. Provide educational performance incentives and rewards, and training for youth in foster care and to their resource family to assist with prioritization of education and post-secondary planning as well as provide educational events.

For youth in college, there are assigned educational specialists that provide support and assistance to youth with college registration and obtaining financial support. Additional supports include:

- ▶ Development of a four to five-year Individual Financial Educational Plan
- ▶ Disputes and barrier resolution
- ▶ Monitoring of academic progress
- ▶ Visits to youth in college

Career

In April 2019, through a partnership with Youth Villages (YV) LifeSet Program¹⁸⁶, CFSA launched the YVLifeSet Program. Using evidence-based practices, YVLifeSet replaced the Career Pathways Unit as OYE's vocational and life skills service delivery model. The YVLifeSet Unit focuses on providing one-on-one intense supports to youth to assist them in achieving their individual defined goals. YVLifeSet specialists meet with participants at least once a week and are readily available to help the youth. The goal is to have highly individualized services in the youth's natural environment, including the home, place of employment, and community. Youth typically participate in the program for 6-12 months, based on their needs. The unit consists of one supervisor and four specialists. As of May 31, 2019, the YVLifeSet unit is serving 18 youth and has a capacity to serve 32 youth. The duration of the grant is three years and will expire March 31, 2022.

OYE through the vocational specialist connects youth to internships, vocational training, and employment in the youth's field of interest. The vocational specialist helps youth to develop soft skills and to build their resumes, both of which are essential for youth achieving independence.

CFSA continues to reinforce the importance of any variety of career and vocational paths for youth, including program partnerships with the District's Department of Employment Services (DOES) and Youth Rehabilitation Services (DYRS). CFSA further partners with the University of the District of Columbia (UDC) to make available workforce development training for youth completing high school and transitioning to the vocational track. For youth in college, CFSA

¹⁸⁶ Founded in 1986, Youth Villages is a non-profit organization that has become one of the country's largest and most innovative providers of children's mental and behavioral health services. Serving over 27,000 youth across 16 states in 2018, Youth Villages works to find solutions using proven treatment models that strengthen the child's family and support systems and dramatically improve their long-term success.

partners with local businesses to provide paid career-path internships during the summer months.

FY 2022 APSR Update

As part of the Agency's preparation of youth for independence, OYE launched an FY 2020 virtual career panel series. Each week, a different external partner spoke to youth, families and staff on a specific profession and approach to achieving career goals. Presenters discussed career opportunities in such areas as marketing and communications, technology, non-profit management, cosmetology, the service industry, investment banking, and international business. Topics have included entrepreneurship, industry requirements, the importance of internships, and how to gain access into particular fields. In FY 2020, the YVLifeSet program engaged 61 youth in its career program. As of February 2021, the program had engaged with 21 youth.

FY 2021 APSR Updates

In October 2019, Youth Villages (YV) conducted a six-month review of CFSA's YVLifeSet program, measuring several different benchmarks to determine overall fidelity. Youth Villages found that within CFSA, the YVLifeSet program has maintained high fidelity to the evidenced-based model.

Review data also show an average program participation rate of 31 youth, an average caseload of 8, and an average length of stay in the program of 214 days. All youth entering the program must complete the following activities:

- ▶ FosterClub Permanency Pact course activities that identify life-long connections and clarify the supportive roles those connections can play as the youth transitions out of care
- ▶ Safety planning around applicable safety risks, including substance use, medication safety, gang involvement, physical aggression, problematic sexual behavior, inappropriate sexual behavior, suicide or self-harming, and community safety
- ▶ Social support grid to better understand formal and informal supports present in the youth's life
- ▶ Subjective units of distress (SUD) scale (the SUD scale brings awareness to emotional regulation)
- ▶ Discussions around mental health recommendations from the social worker or healthcare provider to encourage participation in services if needed
- ▶ Budgeting skills that encourage youth to incorporate financial planning as part of their independent living skills and preparation for adulthood
- ▶ Short-term and long-term goal setting

Between April 2019 and March 31, 2020, the YVLifeset program has served 54 youth. Voluntary youth surveys show that youth feel heard, respected and productive as participants in the program. Youth have also reported feeling that strong rapport with their assigned specialist, paired with the weekly sessions, helps them progress through their goals and work through any struggles confronted.

Additionally, the educational and vocational specialists support the OYE Enrichment Bootcamp. This is a day program to serve CFSA youth in foster care who are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change. OYE specialists supervise and structure each “Bootcamp” day based on the educational and behavioral needs of each participant. Youth in the program keep up with school assignments, complete homework, and take part in activities that support academic achievement and build new skills (such as using computers).

FY 2021 APSR Updates

In FY 2019, OYE received 80 referrals for the OYE Enrichment Bootcamp. Of these referrals, 14 percent were due to school enrollment or disruption, 25 percent were due to placement disruption or new removals and 61 percent were due to school suspensions. Youth with previous referrals accounted for 59 percent of the total number of referrals.

Finances

CFSA offers youth (ages 15-21) the opportunity to participate in a matched savings program where every dollar saved is matched by Capital Area Asset Builders (CAAB). The matched funds are capped at \$1,000 per year and are funded directly from the Agency’s Chafee grant. They can only be accessed to purchase a vehicle or to pay for housing, education, or entrepreneurial endeavors (refer to the *Financial Literacy* section for more details and data).

CFSA will continue to provide these supports under Chafee over the course of the next five years primarily through OYE and collaborations to other local government agencies and local universities. The plan is to ensure that youth have all related supports necessary to transition from foster care.

APSR 2021 Updates

CFSA continues to offer the CAAB program, which provides an opportunity for youth to gain financial literacy skills and to receive matched savings. CFSA’s capacity allows for meeting the needs of 100 participants at any given time.

YOUTH INVOLVEMENT IN DEVELOPMENT OF THE CHAFEE PLAN

CFSA through OYE offers youth the opportunity to have their voices heard through the Youth Empowerment Board. At the time of this report development, the board is restructuring and not currently meeting. The 2019 summer months are being utilized as a planning period to determine how to kick back off in the fall. Traditionally, this group meets monthly at OYE to share their thoughts about services and their cases and they work to develop plans for addressing issues. The Youth Empowerment Board has a staff liaison that supports the board in getting any issues or concerns voiced with the Administrator of OYE. The OYE Administrator works to continuously identify valid concerns from the group and ways to incorporate appropriate changes.

FY 2022 APSR Update

The CFSA Youth Council participated in three OYE focus groups in FY 2021. Each group ranged from two to four participants. In December 2020 discussion topics included the impact of COVID-19, the importance of engagement and participation in the webinars held by OYE, and youth interest regarding the development of a youth-led resource website. In January 2021, the discussion centered around what type of webinars would help increase youth participation as it relates to guest speakers and career interest. In March 2021, the focus group centered on overall Agency improvement.

CFSA supported youth efforts to establish an additional entity in October 2020, the Youth Aftercare Advisory Board (YAAB), which is comprised of five young adults who are currently in CFSA's aftercare program. Members of YAAB will work directly with the CFSA Youth Council, applying firsthand knowledge and transition experiences in order to identify current strengths and challenges. In addition, YAAB members will advocate for the changes they would like to see for youth aging out of care. YAAB will join the network of support for youth still in care, helping them to realize their potential. Participation teaches self-advocacy, self-esteem, team building, leadership, and public speaking skills.

FY 2021 APSR Updates

The Youth Empowerment Board was restructured in the fall of 2019 and is now known as the Youth Council. Youth Council membership includes five youth in foster care (ages 15-20) and four OYE staff members, one of whom was formerly in foster care. In addition to the youth and staff membership, the Council includes a staff liaison who provides support and elevates issues (as needed) to the OYE program administrator. Youth Council members meet monthly at OYE (or via web conferencing) to share their thoughts about services and their cases. The members also develop plans for addressing the issues that are shared. The OYE program administrator

regularly monitors Youth Council activities to identify any pressing concerns and to develop strategies for appropriate change.

The most recent Youth Council concerns have centered around the impact of COVID-19 and the Mayor's order to shelter-in-place, which naturally impacted youth placed in group homes. Youth expressed difficulties with residing in facilities that lack innovative programming. In response to these concerns, the OYE administrator met with all group home providers to discuss programming, the need for educational groups and how to repurpose their space. Additionally, CFSA required all providers to provide protective wear to youth when they exit the facility and to hold group discussions about potential programming enhancements. CFSA purchased interactive gaming systems (such as Xbox and WE) as recommended by the Youth Council. These gaming systems serve not only as recreational activities for youth during the pandemic but also assist the youth with coping skills, education (certain gaming systems) and life skills (strategic planning, mental agility, etc.). CFSA also requested group home providers to hire outside vendors for varying programs and interactive activities at an increased rate during this time. Youth specifically indicated that these programs and activities would keep them engaged and subsequently, reduce the abscondence rate during the COVID-19 pandemic.

The Youth Council also shared challenges related to youth placed in foster homes. In response, CFSA developed a youth survey that the Youth Council approved and distributed to all youth in foster care. Some of the survey's feedback suggested an interactive meeting between members of the Youth Council and members of FAPAC. Although the meeting has been rescheduled due to the social distancing requirements of COVID-19, both the Youth Council and FAPAC agree to ensure convening the meeting as soon as restrictions are lifted.

Another Youth Council recommendation included increasing youth opportunities for varying internships. In response, OYE leadership fostered relationships with nontraditional host sites capable of providing virtual internships, e.g., Under Armour™ Inc., a popular brand of athletic wear and digital fitness apps. Under Armour, Inc. agreed to offer a career readiness program for youth to learn about all facets of marketing, influencers, management, and shoe decisions.

*Incorporating Principles of Positive Youth Development (PYD)*¹⁸⁷

¹⁸⁷ Positive Youth Development, or PYD, is based on a body of research suggesting that certain "protective factors," or positive influences, can help young people succeed and keep them from having problems. PYD favors leadership and skill-building opportunities under the guidance of caring adults. It looks at youth as assets to be developed and gives them the means to build successful futures. <https://www.acf.hhs.gov/fysb/positive-youth-development>

CFSA has continued to provide services with a positive youth development approach which allows the youth to be more involved in the process of how they are receiving life skills training. With this new approach, CFSA continues to offer the following:

- ▶ Training for staff around engaging youth through Youth Popular Culture, utilizing a design to engage youth by incorporating positive peer influence, youth involvement and the hip hop culture.
- ▶ Leadership training for youth to become advocates for themselves and peers.
- ▶ Youth are involved in their Youth Transition Plans (YTP) every six months. They are expected to be at the table to discuss their future plans and goals and how they will achieve those goals with the support of their team.
- ▶ Special activities to support youth development are offered such as:
 - College Tours
 - Career Fairs
 - Annual Recognition Ceremony
 - Summer Youth Employment Registration
 - Community Service Opportunities
 - Internships

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)

NYTD remains one of the data collection methods used by ACF and CFSA to gather additional knowledge about services and outcomes of youth in foster care and transitioning out of foster care. In December 2018, the Children’s Bureau (CB) conducted a NYTD Review of applicable CFSA cases. The review included pre-onsite and onsite activities that allowed the CB to understand CFSA’s practices related to youth, data collection methods, documentation, and child welfare system coding. The NYTD review served as an evaluation of the system, policies and practices related to the collection of youth transitioning out of foster care.

At this time, CFSA is awaiting Appendix C from CB. This will be the addendum to the summary of the findings document received on the last day of the review. Once this report is received, CFSA has 45 days to reconcile the findings that would then impact the ratings changes. The final report will then be received.

In FY2019, CFSA plans to share information received from the NYTD Review as well as the A and B file submission with relevant stakeholders. The information will be disseminated among internal and external stakeholders (e.g., Mayor’s Advisory Committee on Child Abuse and Neglect, Citizens Review Panel) as part of a larger Agency Continuous Quality Improvement (CQI) process. To gain youth perspective on the findings, CFSA will also coordinate NYTD report findings focus groups with the older youth. From the focus groups CFSA will develop

recommendations for integration into improved service delivery in order to better meet the needs of the older youth community.

FY 2022 APSR Update

In March 2021, CFSA received the NYTD Review Final Report from the Children's Bureau. The report outlined how the District rated in the general requirements and the data elements that were assessed during the December 2018 review. The report also provided findings and recommendation from the Children's Bureau.

As a result of the final report findings and recommendations, CFSA developed a NYTD Improvement Plan for submission to the Children's Bureau. The plan addresses areas including reporting on youth in the served population for services provided to youth, reporting on survey results from youth in the population baseline and follow-up populations for surveying, revising the survey tool and survey collection, adjusting how CFSA submits data files to the Children's Bureau, and conducting quality assurance on the collected NYTD information. Additional areas addressed by the plan included system enhancements for a number of data elements ranging from race, foster care status, education level, independent living needs assessment, career preparation, housing education, health education, family support, and mentoring. Data elements addressed related to the survey tool include employment, education aid, public financial assistance, highest level of education, homelessness, and health insurance coverage.

CFSA's NYTD workgroup has been developing steps to improve the mapping, documenting, and tracking of independent living services in FACES.NET. Meetings have been focused on determining needed enhancements to FACES.NET, as well as staff training to ensure services are being documented correctly in FACES.NET.

CFSA submitted a draft of the Improvement Plan to the Children's Bureau on May 14, 2021 for initial feedback and will be submitting a final version in late July.

With the final report received, CFSA will begin sharing information from the NYTD Review, final report, and Improvement Plan with relevant stakeholders including older youth for recommendations for improved service delivery.

FY 2021 APSR Update

In January 2020, CFSA received Appendix C- NYTD General Requirements and Elements- Preliminary Ratings and Findings from the Children's Bureau. This document resulted from CFSA's NYTD Review that occurred in December 2018. The findings laid out the general requirements and data elements that were assessed during the review and how the Agency

rated in each area, along with findings and recommendations from the Children's Bureau. Overall, there were several areas needing improvement, including the NYTD survey tool design, survey administration, and NYTD service tracking and service coding in FACES.NET.

Staff from CISA, OPPPS, and OYE partnered together to address applicable findings prior to receipt of the final report from the Children's Bureau. As a result, CISA made several changes to FACES.NET that directly correlate with system coding and tracking of NYTD survey and services data. Additionally, CFSA made changes to the NYTD survey tool to better align with the Children's Bureau recommendations. The following changes were included:

- ▶ Alignment of specific survey question language and potential youth answers to federal guidance
- ▶ Development of a cover sheet to obtain and better track youth contact information
- ▶ Development of separate surveys (i.e., an initial survey for youth being surveyed at age 17 and a follow-up survey for youth ages 19 and 21)
- ▶ Development of separate surveys for youth ages 19 and 21, based on federal guidelines for determining foster care status

Findings from the Children's Bureau report will complement CFSA's collected data and provide a larger scope for discerning meaningful service needs of older youth. As of the development of the current APSR, CFSA has not yet received the final report from the Children's Bureau. Once CFSA receives the final report, the Agency will share the NYTD data and review findings with external stakeholders.

NYTD Update and Stakeholder Integration

The District completed the National Youth in Transition Database (NYTD) Review in December 2018. Appendix C was received from the federal team in early 2020, with a scheduled demo in response to Appendix C ratings slated for March 2020. Due to the COVID-19 pandemic, the in-person demo was postponed and completed virtually in August 2020. The District has submitted responses to Appendix C that the NYTD federal team is currently reviewing to assess rating improvements. The District is currently teaming with Office of Youth Empowerment in to support information dissemination and consultation with stakeholders around NYTD. Teaming with OYE's Youth Council, CFSA will develop a communication plan within the next year to have a series of focus groups, individual interviews, presentations and the information sharing forums to support NYTD goal improvement through the engagement of stakeholders with the NYTD findings to inform this process.

SERVING YOUTH ACROSS THE STATE

CFSA serves as the local and state agency that provides services for the Chafee program for all applicable youth in the District of Columbia.

Serving Youth of Various Ages and Stages of Achieving Independence

CFSA continues to provide all Chafee service to youth ages 14-21. CFSA has historically maintained the custody of youth until the age of 21 if they do not attain permanency through adoption, reunification, or guardianship. In an effort to support youth who have aged out of foster care who are 21-23 years old, CFSA provides:

- ▶ Aftercare supports to ensure youth have access to resources necessary to sustain living independently.
- ▶ Education and Training Vouchers (ETV) are offered to youth who were previously receiving the voucher but emancipated from care.

CFSA did not extend Chafee services to age 23 in FY 2019.

FY 2022 APSR Update

In addition to the Chafee Extension Request, per funding from the John H. Chafee Foster Care Program for Successful Transition to Adulthood, CFSA extended services for former foster care youth up to age 27. CFSA made concerted efforts to ensure all youth exiting care were informed of the relevant legislation via the following different mechanisms:

- ▶ Engaging in a notification campaign to various child-serving and prevention agencies in the District for the purpose of redirecting former youth in care to CFSA's Aftercare Unit as a means of supplementing prevention resources and promoting overall stabilization.
- ▶ Discussing the legislation during the Youth Transition Planning and 21 Jumpstart meetings for all applicable youth.
- ▶ Providing written notification to guardians ad litem, social workers and advocates.
- ▶ Informing the District's Interagency Council on Homelessness to ensure youth identified within their system are aware of current resources.

To date, 46 youth have chosen to remain in care with several others receiving assistance in the areas of transportation, vocational training, housing, and post-secondary supports. CFSA has also supported one out-of-state youth with Chafee extension supports that included housing and food assistance.

FY 2021 APSR Update

On October 1, 2019, CFSA ended its contract with the Center for Young Adults (CYA), a program sponsored through the Young Women’s Project. CYA was previously providing aftercare services for youth exiting foster care to independence. CFSA subsequently transferred oversight of the aftercare program to OYE, creating an in-house aftercare services program. When CFSA’s in-house aftercare program was launched on the first of October, all 49 youth who had been served by CYA transitioned to CFSA.

The current in-house program connects transition-aged youth to an OYE resource development specialist (RDS) who helps the youth create an individualized transition plan for accessing services that can support the youth’s transition from foster care into adulthood. Youth are eligible for aftercare services if they exit foster care at 21, reside within 25 miles of DC at the time of exit, and agree to services. Youth are ineligible for services if they are connected to housing and case management supports through the Department on Disability Services, the Department of Behavioral Health, or a transitional housing program. Youth are also ineligible if they are in abscondence, incarcerated, or reside more than 25 miles outside of DC at time of transition.

The OYE RDS determines a youth’s eligibility for aftercare services during a transition planning meeting called the 21 JumpStart review. This process, which is initiated six months before the youth’s 21st birthday, includes assigning an aftercare specialist to the youth to welcome and guide the youth throughout the program. The aftercare program provides both individual support and group opportunities that offer connections to the following supports:

- ▶ Housing Assistance
- ▶ Medical and Mental Health Support
- ▶ Education and Vocational Training Preparation
- ▶ Employment Assistance
- ▶ Budget & Financial Management
- ▶ Life Skills Development
- ▶ Guidance for Accessing Public Services & Benefits
- ▶ Transportation Stipends
- ▶ Limited Emergency Support

In FY 2020-Q1, CFSA referred five youth to the in-house aftercare program prior to the youth aging out of care. As of March 2020, OYE documented a total of 69 youth being enrolled and 32 youth actively participating in the aftercare program. “Active participation” includes meeting monthly (at a minimum) with the assigned RDS, and intentionally engaging in youth-driven

discussions regarding service needs for housing, education, employment, finance, parenting, medical health, and mental health.

Chafee Extension Request

CFSA has requested an extension of Chafee services for former youth in care (ages 21-23) during the period that the District of Columbia continues to offer aftercare services to that population. An extension of Chafee services will further protect and serve the needs of these particular youth in conjunction with the District of Columbia’s recent legislation (April 2020) COVID-19 Response Supplemental Emergency Amendment Act of 2020, which includes a provision to support youth that are scheduled to transition out of foster care during the pandemic. The provision allows the Agency to retain custody of a consenting youth who turns 21 during the period under which the Mayor has declared a public health emergency, and for the custody to last up to 90 days after the emergency has ended.

Services for Older Youth

FY 2022 APSR Updates

Workshops/IL Programming	# in FY 2018	# in FY19	# in FY20	# in FY21 as of 3/31/21
College Tours: Group, community based, and individual tours of target colleges/universities. Youth are exposed to college life and academics to determine best fit for post-secondary education.	20	5	6 Canceled due to COVID-19 (4/4/2020-4/10/2020)	2
College and Career Preparation: Exposure to post-secondary educational options and high demand employment fields.	214	167	121	94
Youth Recognition Ceremony: Annual ceremony that recognizes education and vocational accomplishments.	N/A	131	71 This ceremony was held virtually	Usually occurs in July; however, OYE held virtual recognitions in May 2020 for specified GPAs, graduates and those on honor roll

Workshops/IL Programming	# in FY 2018	# in FY19	# in FY20	# in FY21 as of 3/31/21
Making Money Grow: Financial literacy program created for young professionals ages 15 to 20.5 in care to learn how to manage their finances, save for the future, and transition with-up to \$12,000. The savings component is a matched savings.	89	112	122	107
College Connect 4 Success: An academic and professional development workshops for all youth attending college. The purpose of this workshop is to provide students an opportunity to dialogue directly with a variety of college representatives (i.e. academic advisors, financial aid representatives, trio program counselors, etc.) and receive guidance and information aimed at empowering students to be successful academically. This workshop focuses on strategic goals to achieve academic success and examines the process and how-to steps for utilizing academic advising, financial aid, student accounts, and disabilities support services.	19	8	84 Workshops occurred virtually, lending to increased participation.	20
JUMP (Juvenile Mentoring Program): Mentoring for young men who are experiencing difficulties in the communities to receive guidance and support.	14	7	10	0 In FY 2020, CFSA replaced JUMP with the I program, a joint initiative with the Department of Youth Rehabilitative services. Developed for high intensity youth who require day-to-day supports, the program provides a mentoring

Workshops/IL Programming	# in FY 2018	# in FY19	# in FY20	# in FY21 as of 3/31/21
				framework to emphasize and build upon the foundations of self-worth
Career preparation-Support youth in preparation for vocational training, internships, or employment	111	32	54	54
Youth Council	N/A (Developed in February 2020)	N/A (Developed in February 2020)	25	25
Youth LifeSet Peer to Peer- Opportunity for youth to meet up for the purpose of engaging in therapeutic activities that can enhance positive coping skills and creativity.	N/A (Developed in January 2020)	N/A (Developed in January 2020)	10	Due to pandemic restrictions, CFSA has not yet implemented the LifeSet Peer to Peer Opportunity.

CFSA continues to use the youth-driven Youth Transition Plan (YTP) to emphasize the importance of youth achieving success in life domains. Domains include (but are not limited to) finances and money management, job and career, identity, permanency, and education. Youth ages 14-21 meet with their social worker every six months to complete the YTP. The social worker utilizes the foster care toolkit to support the assessment and planning for youth on their caseloads. In addition, OYE administers O*NET, a set of self-directed career exploration/assessment tools to help workers consider and plan career options, preparation, and transitions more effectively. They also are designed for use by students who are exploring the school-to-work transition.

FY 2022 APSR Update

CFSA complied with all federal requirements for extending foster care services to youth who would otherwise have aged out of care. The Agency notified all guardians ad litem concerning placement options and the continuation of Chafee funding for education and vocational training. CFSA further informed social workers, youth, and resource parents of the Consolidated

Appropriations Act¹⁸⁸ and the extension of foster care services. To accommodate placement needs as the result of the extension, CFSA amended the contracts for group homes and professional resource parents for placement of young adults over the age of 21. To prepare for these changes in practice, CFSA has held various workshops for staff and providers. The Agency has also ensured that community resources are being held for and with this population. For youth directly, CFSA has revised all youth transition plans to include a youth's option to remain in care. CFSA has also been linking youth to paid internship opportunities that include housing and financial support, whenever applicable. CFSA is presently creating a "For Youth, By Youth" website with an emphasis on opportunities, mental health, and engagement options for older youth.

Throughout FY 2021, CFSA has applied COVID-era emergency federal funding to placement contract extensions for youth over 21; paid internship opportunities; and various financial expenses that transitioning youth are facing, including utility bills, transportation, clothing, food and furniture.

FY 2021 APSR Update

COVID-19 Response for Older Youth

In preparation and planning for COVID-19, CFSA completed and/or continues to implement the following steps:

- ▶ Extension of care for older youth. Following emergency legislation passed by the DC Council, created and implementing processes to allow youth who would be aging out to remain in care until after the public health emergency
- ▶ Visit every local group home.
- ▶ Maintain contact with youth in alternative jurisdictions attending college and/or placed in an out of state facility.
- ▶ Contact, via letter and e-mail, every youth in an out of state college to confirm CFSA's commitment and dedication to supporting them during this time, outline how to access essential information, reaffirm the District is open for business, provide contact information for the Educational Specialist and Aftercare Workers, and provide emergency contact information for the Deputy Director of Program Operations.

¹⁸⁸ The 2021 Consolidated Appropriations Act (H.R. 133) contains the bipartisan Supporting Foster Youth and Families through the Pandemic Act (H.R. 7947). A designated appropriation from this legislation provides the additional funds for the John H. Chafee Foster Care Program for Successful Transition to Adulthood (formerly John H. Chafee Foster Care Independence Program).
<https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf>

- ▶ Provide youth with gift cards and care packages comprised of grocery, hygienic and clothing cards that can be utilized in making online purchases.
- ▶ Contact every youth, via CFSA's education specialist, social workers and Youth Villages LifeSet team to confirm their planned return to the District for those in out of state universities.
- ▶ Provide distance learning resources, virtual tutorial support, and identify other coping mechanisms such as crafts and crocheting materials as needed.
- ▶ Provide, in several instances, transportation via social workers, bus, plane and or train tickets.
- ▶ Pay for hotel stays for family members to transport youth requiring immediate evacuations.
- ▶ Secure emergency apartments for youth with no family resources to support a transition out of care. Extension of care for older youth. Following emergency legislation passed by the DC Council, created and implementing processes to allow youth who would be aging out to remain in care until after the public health emergency.

While CFSA has communicated with every youth receiving support in our care placed at an academic facility, the Agency continues to conduct weekly outreach centered on stabilization. Chafee funding has been essential in providing funding to aid in the process.

COLLABORATION WITH OTHER PRIVATE AND PUBLIC AGENCIES

CFSA provides independent living services to all youth in foster care, either through OYE or through services provided by CFSA's contracted private provider agencies. Collaboration with private and public agencies are essential to provide a full array of services for youth with varying levels of academic achievements, vocational skills, interests, and levels of autonomy.

Discussed earlier, The CFSA YVLifeSet program is a partnership between CFSA and Youth Villages to help young adults in care successfully transition into adulthood using the YVLifeSet model. Also discussed earlier is the CAAB matched savings program that CFSA offers youth.

CFSA continues to reinforce the importance of any variety of career and vocational paths for youth, including program partnerships with the District's Departments of Employment Services (DOES) and Youth Rehabilitation Services (DYRS). CFSA further has a partnership with the University of the District of Columbia to make available workforce development training for youth completing high school and transitioning to the vocational track. For youth in college,

CFSA partners with local businesses to provide paid career-path internships during the summer months.

CFSA utilizes all partnerships to assist youth with all of the skills necessary to achieve independence through assistance with attaining gainful employment, access to post-secondary education programs, transitions to adequate housing and Life Skills coaching.

Determining Eligibility for Benefits and Services

CFSA's eligibility criteria for services under Chafee include those youth in foster care aged 15-21 and youth who have left foster care after the age of 15.

FY 2022 APSR Update

CFSA's eligibility criteria for services under Chafee were extended in accordance with the Consolidated Appropriations Act. Under the act, the Chafee program funding includes the option to extend foster care services for youth up to age of 27 during the pandemic.

Cooperation in National Evaluations

CFSA will cooperate in any national evaluation of the effects of the programs in achieving the purposes of Chafee.

Chafee Training

CFSA's Child Welfare Training Academy provides training for social workers and supervisors who work with older youth. The following courses are offered to enhance worker's practice and engagement with youth.

- ▶ Best Practices in Engaging Older Youth- This training session provides social workers, family support workers, and resource parents with the information needed to identify and address barriers related to engaging youth involved with the child welfare system. Participants engage in discussion that supports the development of cultural awareness as it relates to the historical context of African American youth. Social workers will gain an understanding of how engagement skills can facilitate meaningful conversations.
- ▶ Child and Adolescent Development- This training provides a foundation of knowledge regarding various theories on the stages of development. It explores age-appropriate behaviors, as well as adaptive methods for managing behavioral concerns. Also discussed are the implications of caretaker and social worker roles in working with traumatized clients, specifically within the context of the maltreatment that initiated child welfare services.

- ▶ **Prevention to Permanence-** This training focuses on providing participants with a step-by-step walkthrough of a CFSA-involved case starting with the Hotline call and ending with successful achievement of permanency, either through reunification, guardianship, adoption, or transitioning out of care at the age of 21. This course focuses on the SDM assessments and various assessment tools completed by social workers throughout the course of an investigation, family assessment, and delivery of in-home and out of-home services. This training also incorporates the Danger & Safety Assessment training.
- ▶ **Program Operations Training-** In this training, participants who are assigned to all other direct service administrations (except Child Protective Services) and all private agency new hires learn how to identify their professional roles when communicating and engaging with families and resource providers, specifically regarding concurrent planning. They also learn how to construct specific strategies to overcome potential challenges to concurrent planning with families, children, and youth in foster care. Lastly, participants learn how to produce a strength-based, culturally- competent and solution-focused court report. This course is for newly hired non-CPS social workers and non-CPS family support workers.
- ▶ **First 30 Days-** This training provides the staff of the Office of Youth Empowerment with step-by-step information on the initial case management practices necessary within the first 30 days of youth’s entrance into care.

EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

OYE administers the ETV program, which is an important financial resource to help youth in foster care and youth that have left care after age 16 to adoption, kinship or guardianship, with the cost of attendance at an institution of higher education, e.g., tuition, fees, books, housing and other related-college expenses. Up to \$5,000 worth of ETV funds are made available to youth only after all other forms of financial aid have been explored and utilized. Youth receive ETVs on a first-come, first-served basis, until the ETV funds are exhausted. Youth must re-apply for an ETV each academic year.

OYE maintains a tracking mechanism to determine youth who are eligible for ETV in partnership with Foster Care to Success¹⁸⁹ (previously known as Orphan Foundations of America). This database is utilized to track eligibility as well as ETV funds distributed to recipients. This tracking mechanism allows OYE to determine unduplicated number of ETVs awarded each school year.

¹⁸⁹ In 1981, Joseph Rivers founded Foster Care to Success (FC2S) under the name “Orphan Foundation of America”. Over the years, FC2S has shaped public policy, volunteer initiatives, and the programs of other organizations working with older foster youth. <https://www.fc2success.org/>

Social workers enter the ETV distribution data into FACES.NET (the Agency's child welfare information system), whereupon FACES.NET tracks the distributions for federal reporting. The reporting of ETVs is based on the youth's client identification number and voucher issuance date. This tracking methodology prevents the Agency from inadvertently issuing more than ETV per youth. OYE processes all ETV applications internally and are able to determine financial need for applicant by calculating cost of attendance minus all grants, scholarships and other aid.

CFSA youth also depend on other federal and local financial resources, such as the DC Tuition Assistance Grant, the DC College Access Program (DC CAP) program, or federal grants and scholarships available through the Free Application for Student Aid (FAFSA).

CFSA also maintains a separate pool of Chafee funds to assist with expenses that are incidental but still necessary to successfully participate in programs of study, including but not limited to uniforms, supplies, transportation, and other items not covered by ETV funds. Through these Chafee funds, eligible youth can attend summer bridge programs where the youth spend one week on the campus of a college that they may be interested in attending. Chafee funds can also be applied to tuition for pre-college programs, such as training opportunities that may not lead to nationally recognized certifications but nonetheless provide experiences and outcomes that will render students more marketable and capable to succeed in a competitive workforce. In FY 2018, CFSA spent approximately \$40,641 to directly support 14 youth in various pre-college programs. As of March 2019, CFSA has spent approximately \$7,759 to directly support six youth in various pre-college programs.

FY 2022 APSR Update

In FY 2020, CFSA spent approximately \$3,161 to directly support 12 youth for pre-college-related programming. In the first two quarters of FY 2021, CFSA spent approximately \$153 to directly support one youth for pre-college-related programming. Pre-college programming encompasses college readiness courses centered around preparation for standardized testing, the college registration and enrollment process, completion of financial aid applications, and how and when to apply for scholarships.

CFSA has extended ETV eligibility up to the age of 26, effective January 2021 as a result of the Consolidated Appropriations Act.

FY 2021 APSR Updates

In FY 2019, CFSA spent approximately \$41,506 to directly support 26 youth for pre-college-related programming. In FY 2020, CFSA has spent approximately \$2,213 to directly support eight youth for pre-college-related programming. Pre-college programming encompasses college

readiness courses centered around preparation for standardized testing, the college registration and enrollment process, completion of financial aid applications, and how and when to apply for scholarships.

CFSA does not plan to extend ETV eligibility up to the age of 26 at this time. Each year CFSA exhausts ETV award disbursed for the purpose of funding approximately 50 youth in college and vocational training.

CONSULTATION WITH TRIBES

There are no federally recognized tribes in the District. Yet, for the development and alignment of Agency policies with the requirements of ICWA and the *Child Welfare Innovation and Improvement Act*, CFSA continues to consult with the Association on American Indian Affairs (AAIA)¹⁹⁰ and the Navajo Nation for any changes in tribal status for the District. Representatives from both of these partner constituencies provided valuable feedback to strengthen Agency governance on tribal case transfers between state child welfare agencies and tribes.

Moreover, as of the last day of the fiscal year for every year since FY 2013, there have been no American Indian/Alaskan Native children in the District foster care system. Despite the rarity of occurrence, following the dialogue with the Navajo Nation that informed CFSA's policy related to ICWA and tribal transfers, the Navajo Nation nonetheless agreed to avail itself to CFSA for technical consultation on specific cases, as they arise, regarding ICWA programming and federal compliance.

C6. CONSULTATION AND COORDINATION BETWEEN CFSA AND TRIBES

There are no federally recognized tribes within the District of Columbia boundary. Moreover, the District has had no member of a federally recognized tribe in its care and custody for the entirety of the 2015-2019 CFSP. For these reasons, federal requirements for consulting, collaborating, and coordinating with tribes on all aspects of the development and oversight of the 2020-2024 CFSP and subsequent APSRs, including requirements surrounding the Chafee program, are not wholly applicable.

Nevertheless, in compliance with the Indian Child Welfare Act (ICWA) and the tribal elements of the Child Welfare Innovation and Improvement Act, and in anticipation of future matters of tribal import that may intersect with the District's child welfare system, CFSA is engaged in high-level discussions with the Indian Child Welfare Programs Office (ICWP) within Casey Family Programs to provide ongoing consultation. CFSA's intended outcome is an agreement in which

¹⁹⁰ AAIA is situated locally to the metropolitan Washington area.

the ICWP reviews draft guidance over system-wide issues, and also agrees to provide case-specific consultation (in the event that it becomes necessary) to ensure that the Agency abides by all policy and practice requirements related to tribal affairs.

CFSA acknowledges that the ICWP of Casey Family Programs is not a tribal entity, nor does it formally represent tribes. The ICWP does, however, staff experts in tribal child welfare affairs who are able to provide insight and valuable consultation vis-à-vis the District's implementation of ICWA and other tribal matters.

SPECIFIC MEASURES TO COMPLY WITH ICWA

In 2011, CFSA sought formal technical assistance from and collaborated with the National Child Welfare Resource Center for Tribes (NRC4 Tribes) for the development of Agency governance to address ICWA requirements. As a result, CFSA developed the administrative issuance, [CFSA-13-02 Compliance with ICWA](#), to address the following practice areas:

- ▶ Inquiry and research into a child's identification as an American Indian (pursuant to ICWA's definition)
- ▶ Mandatory notification to parents and a tribe regarding family court hearings involving American Indian children
- ▶ Foster care placement of American Indian children
- ▶ Court and evidentiary requirements surrounding placement and permanency decisions that impact American Indian children

CFSA also receives assistance from the Family Court in this matter (i.e., the Initial Hearing Court Order provides for an ICWA inquiry). Since the District uses a uniform court order template, every judge is required to follow through and ask the appropriate questions to identify whether a child is a member or descendent of a tribe.

COMPLIANCE WITH TRIBAL TRANSFER REQUIREMENTS

When the federal Administration for Children and Families communicated new rules in 2013 regarding procedures for the transfer of placement of a child from a state to a tribal Title IV–E agency or an Indian Tribe with a Title IV–E agreement (§1356.67), CFSA updated its issuance with a new section that specifically addresses tribal transfers. In addition, CFSA sought again the assistance of the NRC4 Tribes to ensure compliance with the federal requirement that this document was developed “in consultation with Indian Tribes.” Because the issuance in question was very specific in nature, the NRC4 Tribes connected CFSA with representatives from the Association of American Indian Affairs (AAIA) to provide additional consultation.

Over the course of several months in 2013, CFSA consulted with AAIA representatives. AAIA made it clear to CFSA that while it can provide insight into Agency policy development, the association itself is not an Indian Tribe and could not formally speak on behalf of any Indian Tribe for the sake of meeting CFSA’s tribal consultation requirement. Therefore, AAIA interfaced with the Navajo Nation to provide the consultation necessary to meet this requirement. Further, over the course of several months in 2014, CFSA and representatives from the Navajo Nation held a number of conference calls and corresponded via email regarding the draft policy language on tribal transfers. In the fall of 2014, the Navajo Nation informed CFSA that the draft language was consistent with its understanding of the federal requirement, although the Navajo Nation specifically pointed out that it could speak only on behalf of its own tribe and not for any other federally-recognized tribe.

D. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATES

CHANGES TO STATE LAW OR REGULATIONS WITH RESPECT TO CAPTA ELIGIBILITY

Since publication of the 2015-2019 CFSP, there have been no substantive changes to District law or regulations relating to the prevention of child abuse and neglect that impact the District’s eligibility for the CAPTA state grant.

FY 2022 APSR Updates

Since publication of the 2020-2024 CFSP, there have been no substantive changes to District law or regulations relating to the prevention of child abuse and neglect that impact the District’s eligibility for the CAPTA state grant.

FY 2021 APSR Updates

Since publication of the 2020-2024 CFSP, there have been no substantive changes to District law or regulations relating to the prevention of child abuse and neglect that impact the District’s eligibility for the CAPTA state grant.

CHANGES FROM THE PREVIOUS CAPTA PLAN

There have been no significant changes from the District’s previously approved CAPTA plan for how CFSA uses funds to support the CAPTA program areas. CFSA will continue to direct CAPTA-sponsored activities towards reinforcing the first pillar (Front Door) of the Agency’s *Four Pillars Strategic Framework*:

- ▶ Intake, assessment, screening, and investigation of reports of abuse and neglect

- ▶ Case management, including ongoing case monitoring, and delivery of services and treatment that are provided to children and their families
- ▶ Reinforcement of child protective services through ongoing use of risk and safety assessment tools and protocols, particularly use of the Differential Response model

USE OF CAPTA FUNDS IN THE LAST YEAR

Screening and Assessment

CFSA continues to identify and utilize the most effective tools to promote and sustain trauma-informed case practice within the Agency's organizational structure, culture, and policies. For example, social workers use the screening tools include Ages and Stages Questionnaire Social-Emotional (ASQ-SE), Strengths and Difficulties Questionnaire (SDQ), Global Appraisal of Individual Needs- Short Screener (GAINS-SS), and Trauma Symptoms Checklist for Children and Younger Children.

These trauma screenings help to inform social workers about a child's history of exposure to potentially adverse or traumatic experiences. Information from trauma screenings also provides insights into behaviors and emotions that may be the result of trauma. Social workers then incorporate this history and current clinical presentations to develop a child-specific service array that is integrated into the case plan.

Case Management

CFSA has also continued case planning integration of the following tools: Child and Adolescent Functional Assessment Scale (CAFAS®), and the Pre-school and Early Childhood Functional Assessment Scale (PECFAS®), and the Structured Decision Making (SDM) Caregiver Strengths and Barriers Assessment (CSBA). These tools help social workers make clinically sound decisions while developing a behavioral-based, trauma-informed case plan. CFSA strives to administer the assessments to all children within 30 days of entering care, and to update the CAFAS and PECFAS assessments every 90 days. In addition, OWB maintains databases to track monthly completion rates for each social work unit within CFSA and for each CFSA-contracted private agency.

Differential Response

Throughout FY 2018, CFSA's Child Protective Services (CPS) Administration continued to use the Differential Response (DR) approach for referrals, based on the immediacy of safety concerns. As noted throughout the APSR, in certain abuse and neglect situations where there was no immediate risk, the CPS Hotline referred families to the Family Assessment (FA) unit. The FA approach differs from a traditional investigation in that the social worker utilizes clinical skills to partner with the family to develop a voluntary service plan to meet their needs. Families who participated in the FA were not substantiated for abuse or neglect, and their names were not

included in the District's Child Protection Register. If, however, during this time period, a CPS report indicated that a child's safety was at imminent risk, a formal CPS investigation occurred. Effective April 1, 2019, CFSA transitioned from a dual-track system, back to a one-track system with the ending of the use of the DR approach and the FA units.

FY 2022 APSR Updates

There have been no significant changes from the District's previously approved CAPTA plan for how CFSA uses funds to support the CAPTA program areas. CFSA will continue to direct CAPTA-sponsored activities towards reinforcing the first pillar (Front Door) of the Agency's *Four Pillars Strategic Framework*.

CFSA will use the supplemental CAPTA State Grant allocated through the American Rescue Plan to expand the scope of existing effective primary prevention programs within DC. Specifically, this supplemental allocation will be used to as part of the Mayor's Building Blocks initiative to expand the DC Families First program by standing up a Family Success Center in an underserved neighborhood in Ward 5. The funding will be a welcome addition to actualize the Agency's overall strategy and focus on upstream prevention.

FY 2021 APSR Updates

CPS Investigations

As mentioned, CFSA transitioned from a dual-track system to a one-track system after ending use of the Differential Response (DR) approach to CPS investigations and the merging of the Family Assessment (FA) methods into the investigation process (as of April 1, 2019). At present, CPS staff members are the first line of intervention to ensure the safety and protection of children who are alleged to have been maltreated (abused or neglected). Within the one-track system, CPS investigates all reports that rise to the level of child abuse and neglect, which includes all reports of newborn positive toxicology. CPS investigates these reports of alleged child maltreatment with all standards for such procedures requiring detailed and consistent compliance with federal and District laws, regulations and best practice.

Whenever there is an indication that children can remain safely in the home, CFSA makes concerted efforts to prevent removal by providing community services to address the presenting and underlying issues that led to the initial maltreatment allegations. Services are specific to the unique needs of each family and may include case management, home visiting services, substance use services, education supports, domestic violence support, etc. Case plans also include specific services that are determined in collaboration with family members to ensure the services are appropriate to the family's needs and realistic for the family to achieve anticipated outcomes. To ensure families receive services tailored to their needs, CFSA has access to a broad

array of prevention services throughout the District. These prevention services focus specifically on reducing the risk of future maltreatment. In addition, CFSA relies upon the annual Needs Assessment process and other forums to address gaps in services, or to change services that are determined to be ineffective.

Hotline Policy

In April 2020, CFSA revised its Hotline Policy and posted the policy on the CFSA website with the following updates:

- ▶ Removal of references to DR and FA – As of April 1, 2019, CFSA has discontinued the two-track system of assigning cases reported to the Hotline, returning to a one-track system with the ending of the use of the DR approach and the FA units.
- ▶ Inclusion of the RED Team practice model – The RED Team model is a teamed approach for reviewing, evaluating and decision-making (RED). The RED Team confers whenever a Hotline worker is unclear whether a Hotline report should be screened in or screened out.
- ▶ Addition of language for reporting sex trafficking to align with current CFSA practice.

CPS Investigations Policy

In April 2020, CFSA revised the CPS Investigations Policy and posted the policy on the CFSA website with the following updates:

- ▶ Staff from the CPS Administration or the Permanency Administration will lead the Removal RED Team meetings on a rotating basis; RED Team removal meetings are held within 24 hours (or the next business day) after a child's removal from the home. Meeting participants explore kinship placement options and steps to expedite reunification.
- ▶ CFSA's Educational Neglect Unit investigates screened-in educational neglect reports to determine interventions and develop a family plan to address chronic absenteeism and underlying issues.
- ▶ CPS must investigate all reports on families with newborns diagnosed with positive toxicology results or fetal alcohol syndrome disorder (FASD); the CPS social worker partners with the caregiver to develop a plan of safe care.

Risk and Safety Assessment

Child safety continues to be the paramount concern for CFSA's CPS Administration. Accurate and ongoing assessment of safety and risk remain a critical function of CPS social workers to include a trauma informed approach and improved strengths-based engagement practices with families. Based on prescribed time frames for investigations, CPS social workers will continue to use

formal safety and risk assessment tools such as the *Danger and Safety Assessment* and the *SDM Family Risk Assessment* for all accepted investigations. In line with best practices, the investigative social workers will also continue to conduct ongoing, informal risk and safety assessments during each regular contact and all visits with the families.

Regarding safety in particular, the CPS administration works closely with primary caregivers and the rest of the family to create a safety plan in efforts to ensure that children can remain safely in their homes. If any CFSA assessment indicates that a safety plan is insufficient to address a child's circumstances and there is evidence of imminent danger, CPS will remove the child to ensure their safety.

FY 2021 APSR Updates

The purpose of the Structured Decision Making (SDM) Danger and Safety Assessment (DAS) is to help assess whether any child is likely to be in imminent danger of serious harm or maltreatment, and to determine whether a safety plan can be created to provide appropriate protection from that danger or if the child needs to be removed from the home. The SDM Risk Assessment tool, assesses families for low, moderate, high, or intensive probabilities of future abuse and neglect. If the SDM DAS or the SDM Risk Assessment indicate that a safety plan is insufficient to address a child's circumstances and there is evidence of imminent danger, CPS will remove the child to ensure safety. CFSA will first seek placement with kin. If no kinship resources are available, CFSA will match the child to an appropriate placement resource.

CITIZENS REVIEW PANEL (CRP) REPORT AND CFSA RESPONSE

Per statute,¹⁹¹ CRP must submit an annual report to the Executive Office of the Mayor, the DC Council, and CFSA no later than April 30th of each year. Each report summarizes the CRP's annual activities and any related outcomes. Also per statute, CFSA must provide a written response to the CRP report no later than six months after publication. The CRP submitted a May 1, 2018 through April 30, 2019 Annual Report (see attached) to CFSA in May 2019.

FY 2022 APSR Update

The CRP must submit an annual report that summarizes their annual activities and any related outcomes. The CRP submitted its most recent annual report to CFSA on May 3, 2021. The annual report covers the period from May 1, 2020 through April 30, 2021. CFSA has provided a written response to the CRP report (see attachments).

¹⁹¹ 942 U.S.C. §5106a; D.C. Code §4-1303.51

FY 2021 APSR Update

The CRP must submit an annual report that summarizes their annual activities and any related outcomes. The CRP submitted its most recent annual report to CFSA in May 2020. The annual report covers the period from May 1, 2019 through April 30, 2020. CFSA has provided a written response to the CRP report. (See attachments.)

STEPS TAKEN TO ADDRESS THE NEEDS OF INFANTS BORN AND IDENTIFIED AS BEING AFFECTED BY SUBSTANCE ABUSE OR WITHDRAWAL SYMPTOMS RESULTING FROM PRENATAL DRUG EXPOSURE OR FETAL ALCOHOL SPECTRUM DISORDER

Changes Made for Implementation of the 2016 Comprehensive Addiction and Recovery Act (CARA)

CFSA makes continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or fetal alcohol spectrum disorder (FASD) as required by CARA of 2016. Prior to the implementation of CARA, CFSA also strengthened its response to substance-exposed newborns by introducing the following two practices in summer 2017, which focused attention on reports of infants affected by prenatal substance abuse and parental substance abuse:

- ▶ Screening in all reports of infants born with positive toxicology from alcohol and drugs (legal or illegal). These reports no longer go through an additional RED¹⁹² team screening. Rather, based on the level of risk, the Hotline screening process now requires a referral for a CPS investigation. Prior to CFSA's return to a single-track system on April 1, 2019, some of these reports may have been addressed through Differential Response (i.e., the FA pathway).
- ▶ Screening in all allegations that involve PCP use or exposure, regardless of the age of the child. These reports also do not go through an additional RED team screening. The Hotline automatically assigns these reports for a CPS investigation.

CFSA's current protocol also complies with CARA through the mandated development of an intervention plan, known as "the plan of safe care," for all positive toxicology and FASD referrals. The CPS social worker creates the plan of safe care with the family and then further discusses the plan with the CPS supervisor to ensure that the plan includes supportive services to address the mother's substance use. As well, the plan must show timely evidence of helping the caregiver resolve the substance use issues that resulted in the newborn's positive toxicology results. Plans must also ensure the well-being of the substance-exposed infant. In addition,

¹⁹² Descriptions of RED team functions can be found under *General Information: CPS Investigations*.

social workers must ensure that the plan of safe care addresses any other need identified throughout the course of the investigation and beyond.

At the onset, the following steps must be taken during the planning of safe care for a substance-exposed infant and family:

1. CPS social workers visit and assess all substance-exposed infants, talk with the affected parents or caregivers, and conduct safety and risk assessments according to the CPS protocol. The investigative social workers also develop the mandatory plan of safe care described above, including substance abuse treatment information. These plans are designed to keep infants, mothers, and families safe and together.
2. CPS nurse practitioners make good faith efforts to visit the child and family at least twice, including efforts to visit the family and child in the hospital to discuss discharge planning and to ensure that hospital staff shares any medical recommendations with the social workers for inclusion into the plan of safe care. There is also at least one visit to the home in order to assess medical needs as well as the infant's home and sleeping environment, and to recommend additional resources and supports as needed.
3. CPS social workers submit a 0-3 early intervention referral to assess the development of the child and to ensure the child's well-being and proper care. Social workers also submit a substance use referral for the affected mother or caregiver. CFSA may also hold an at-risk family team meeting to identify additional family supports. For those families that require ongoing child welfare intervention, the social worker continues to support the family by incorporating the plan of safe care into the family's case plan.

To aid in preparing CFSA social workers for CARA implementation, CWTA prepared a webinar that provided social workers and supervisors with the detailed steps needed to implement this important practice. Training on CARA is now offered as part of the CTWA pre-service training and the staff has been provided with tip sheets on the appropriate documentation of the plan of safe care. All training efforts are supported by close monitoring and coaching by the supervisor staff.

FY 2022 APSR Update

CFSA added a referral to home visiting services as a requirement for those cases where there is an allegation of newborn positive toxicology or Fetal Alcohol System Disorder. The home visiting program works to ensure access to and delivery of high-quality health and social services to these families by providing case management and care coordination. The Agency initially required social workers to submit the referral at the time of assignment. The Agency adjusted this requirement to allow the investigative social worker time to assess the specific needs of each family. Social workers are required to make this referral within 72 hours.

Multi-disciplinary Outreach, Consultation, and Coordination to Support CARA Implementation

- ▶ ***Medical Community Reporting Requirements:*** In tandem with CARA requirements, hospitals and medical professionals in the community must also enforce the protective requirements outlined in the federal legislation by mandatory reporting to the CPS Hotline whenever a child is born with positive toxicology results. Once CFSA receives such a report, CPS investigates and refers the infant and family for services, which may include referrals to CFSA's CPS nurses, the 0-3 early intervention, and either CFSA's in-house substance abuse specialist or community-based substance treatment services. If there are other indications of need, such as domestic violence or mental health issues, then CFSA also makes those referrals accordingly.
- ▶ ***CPS Nurse Referral:*** Early engagement with CFSA's Health Services Administration, via a CPS nurse referral, reinforces the nurse's partnership with the family to address the family's needs. CPS nurses assigned to these substance-affected families make diligent efforts to visit these families twice in an effort to assess the medical and the health needs of the infants and caregivers responsible for the infants after the birth. When possible, the CPS nurses interface with the medical staff prior to the caregiver and the infant's discharge in order to be informed of any additional medical recommendations for continued health care or support when the caregiver and infant return to the home. The nurses also assess the sleeping environments and educate the family on safe sleep practices.
- ▶ ***0-3 Early Intervention Referral:*** Also known as the ASQ, discussed earlier in this report, CFSA submits these referrals to support the well-being aspects of the substance-affected newborn and to ensure that infants and families at increased risk receive the intervention and supports needed to provide the infant with proper care. For those infants identified at risk of developmental delays, CFSA works with the District's Strong Start Early Intervention Program, which is a comprehensive, coordinated, multidisciplinary system that provides early intervention therapeutic and other services for families with infants and toddlers diagnosed with disabilities and developmental delays.
- ▶ ***Substance Use Disorder Services Referral:*** CFSA collaborates with the DC Department of Behavioral Health (DBH) to provide substance use disorder (SUD) services for individuals affected by SUD. DBH certifies a network of community-based providers in the public behavioral health system to provide such services based on the level of need. Services include detoxification, residential, and outpatient services. DBH also provides a range of prevention and recovery services.

CFSA's OWB substance abuse specialist responds to any in-house substance abuse referral and administers an approved substance abuse screening tool to each referred client. The screening tool specifically identifies individuals who may need a more in-depth substance abuse assessment. CFSA continues to collaborate with DBH and refers clients to the most appropriate services within the District's available treatment continuum of care for achieving and maintaining recovery.

Monitoring Plans of Safe Care to Determine Whether and in What Manner Local Entities Provide Referrals to and Deliver Appropriate Services for Substance-Exposed Infants and Affected Family Members and Caregivers

CFSA tracks the number of Hotline reports for substance-exposed infants through its web-based child information system, FACES.NET. Also tracked are the reporting source, development of the mandated plans of safe care, and the services offered to the impacted infant and family. As previously noted, CFSA requires mandatory referrals on these cases, including referrals to a CPS nurse, the 0-3 early intervention program, and a substance use assessment.

To better track and understand strengths and barriers in compliance, the Agency holds monthly data and practice meetings to discuss CFSA's progress in adhering to CARA and the associated data captured in FACES.NET for this population. In FY 2018 and in FY 2019-Q1, CFSA conducted in-depth case reviews to examine the quality of the plans of safe care. The Agency held these reviews to ensure that the plans provide the specific support needed by the family, and the long-term well-being of the infant. Reviews will continue to take place on a quarterly basis.

FY 2022 APSR Update

The Agency expanded mandatory referrals to include the referral to home visiting services in order to provide additional case management support to the family as needed. Participation in these services is voluntary.

Quarterly meetings are held instead of monthly meetings to review the prior quarter's CARA data summary and to discuss any needed adjustments in case practice. CFSA continues to conduct in-depth reviews to ensure that the plans of safe care provide the specific support needed by the family and the well-being of the infant. The Agency reviewed the first and second quarters of FY 2020 together, and then reviewed quarters three and four together.

CARA CASE REVIEWS

Methodology

During the review window, FY 2019 Q1 (October 2018 to December 2018), 54 referrals were received and accepted of children born with a positive toxicology test.

A 95 percent confidence interval (CI) with a five percent margin of error was applied to the universe of 54 referrals, which produced a sample size of 48 referrals for the FY 2019 Q1 review. The sample of 48 was selected at random; the sample was evenly distributed between the referral types of family assessment and investigation. The forty-eight referrals (n=24 family assessment and n=24 investigations) were distributed across four reviewers.

Reviewers used a review survey tool to gather data and information from documentation in FACES.NET, CFSA's SACWIS system. The review tool included demographic questions such as maltreatment type, drug type, and prior history with an allegation of Positive Toxicology or FASD. In addition, the tool contained questions on safety and risk assessment, the intervention and planning process of the social worker and supervisor, needs of the infants and parents/caregivers, as well as the types of services offered. Moreover, the tool included questions to assess the quality of services to the family and the exposed infant.

Summary of Findings

Of the 48 cases reviewed, the case review reported the following:

- ▶ 24 were family assessment and 24 were CPS investigations
- ▶ In 98 percent of the referrals (n=47), had positive toxicology of a newborn and 2 percent (n=1) had Fetal Alcohol Spectrum Disorder (FASD)
- ▶ In 96 percent of the referrals (n=46), the social worker met with the affected parents to assess for safety and in 94 percent of those cases services were deemed necessary
- ▶ In 96 percent of the referrals (n=46), the social worker assessed the substance exposed infant
- ▶ In 92 percent of the referrals reviewed (n=44), the social worker completed the SDM Family Risk assessment
- ▶ In 98 percent of the referrals (n=47), the social worker provided quality assessment through observations of the interaction between infant, caregiver, and others in the home, and review of medical notes, and contact notes
- ▶ In 71 percent of the referrals (n=34), the social worker discussed safe sleeping practices with parents/caregivers
- ▶ In 88 percent of the referrals reviewed (n=42), the social worker and the parent jointly created a plan of safe care
 - In 56 percent of the referrals reviewed (n=27) it was documented that the social worker followed up with the family within seven days of connecting them to services. The seven-day follow-up visit included referrals to Collaboratives, referrals for substance abuse, nurse visits, clothing vouchers, supporting parent with Food Stamp application or TANF intake process, transporting parent to local food bank, identifying additional service needs, etc.

CFSA is currently in phase two of the CARA case review process, which focuses on the quality of the plans and service provision alignment with identified intervention needs. In CFSA's examination of data from Phase I and II, recommendations will be suggestions as a part of the continuous quality improvement of the intervention plans themselves.

FY 2022 APSR Update

CARA CASE REVIEWS

In FY 2020, two CARA case reviews were conducted for Q1-Q2 (October 2019-March 2020) and then again for Q3-Q4 (April 2020-September 2020). The findings from the Q1-Q2 review and the Q3-Q4 review were very similar so this update focuses on the Q3-Q4 review.¹⁹³

A 95 percent confidence interval (CI) with a 5 percent margin of error was applied to the universe of 114 referrals, resulting in a randomly selected final sample size of 88 referrals for the Q3-Q4 review. The 88 referrals were distributed evenly across four reviewers. All referrals selected received an investigation. Like the last round of reviews, representatives from Office of Planning, Policy and Program Support, Entry Services and the Office of Well-Being conducted a pilot review for reliability and validity purposes.

Reviewers used a case review survey tool in SurveyMonkey, to gather data and information from documentation in FACES.NET, CFSA's child welfare information system. The case review tool included demographic questions such as maltreatment type, drug type, and prior history with an allegation of positive tox or fetal alcohol spectrum disorder (FASD). In addition, the tool contained questions on prior referral history, safety and risk assessments, the intervention and planning process of the clinical staff (investigating social worker and supervisor, ongoing social worker and child protective services nurse), needs of the infants and parents or caregivers, as well as the types of referrals completed, and services offered, as well as questions to assess the quality of services to the family and the exposed infant. As a part of the review process, the survey tool is analyzed for consistency with practice adjustment and revised accordingly.

During the Q3-Q4 review window (April 2020 to September 2020), CFSA received and accepted 114 unique referrals for children born with a positive toxicology (positive tox) test. CFSA excluded all screened-out and linked referrals from the review. Below are summary findings and practice recommendations from this review.

Summary Findings

¹⁹³ The Q1-Q2 CARA case review is available upon request.

Referral Demographics

- ▶ Of the 88 referrals, 92 percent (n=81) were for an infant age birth to 5 days old.
- ▶ 100 percent of the referrals (n=88) had an allegation of positive tox of a newborn. There were no referrals of infants diagnosed with FASD in this sample. Moreover, 93 percent (n=82) were exposed to one drug and 7 percent (n=6) of infants were exposed to more than one drug. The use of more than one drug continues to decline from the FY 2019 review of 17 observations.
- ▶ Within the past year, CFSA has observed a slight increase from 7 to 8 out of 10 referrals that include the drug type THC.¹⁹⁴
 - 84 percent (n=74) were exposed to THC (*includes THC in 2 PCP and 3 crack cocaine drug types*).
 - 11 percent (n=10) were exposed to cocaine or crack (*includes crack cocaine in 3 THC and 1 opiate drug types*).
 - 7 percent (n=6) were exposed to PCP (*includes 2 PCP in THC drug types*).
 - 3 percent (n=3) were exposed to opiates (i.e. heroin, codeine) (*includes opiates in 1 crack cocaine drug type*).
 - 1 percent (n=1) was exposed to methadone/suboxone.
- ▶ Referrals showed a caregiver history of substance abuse. Seventy-five percent (n=66) of the referrals (decreased from the 90 percent reported across Q1 and Q2), had no prior history of allegations of positive tox or FASD. Of the 22 referrals with previous allegations of positive tox or FASD, the prior referrals occurred between 2006 to 2020.¹⁹⁵

Overall Practice and Barriers

Many referrals in the sample highlighted the following additional steps taken either by the social worker or the nurse to address the safety and well-being of the infant and the needs of the caregivers:

- ▶ The social worker engaged extended family and discussed their potential, supportive role for the family or their potential role as a substitute caregiver.
- ▶ The social worker coordinated with Prince Georges County regarding case transfer and the well-being of the family.
- ▶ The nurse provided instructions to the mother for telehealth and emphasized the need for the mother to address her well-being to care for her baby.
- ▶ The social worker recommended grief counseling and encouraged ongoing utilization of therapeutic support services.

¹⁹⁴ The percent and counts do not equal 100 because some referrals indicated more than one drug and reviewers were instructed to check all substances that applied based on the positive-tox referral information.

¹⁹⁵ Six previous referrals between 2006-2009, six between 2010-2015, and ten between 2016-2020.

- ▶ Social worker providing information to the father (back-up caregiver) for DC Fatherhood Initiative.

An overarching barrier faced by social workers in securing services for the caregiver and child included delays in initial contacts with the caregiver. Many referrals indicated varying timeframes in delay from four days to four weeks for late service referrals, as mentioned earlier. When there is a delay in the protocols practice, strategies to address delays includes weekly reminders, clinical consultations, and high risk staffings to address challenges impacting finding parents. Additionally, social workers follow guidance outlined in the Agency's Investigations Procedural Operations Manual (IPOM), as well as Agency policy.

Reasons for the delay in contact included unsuccessful visit attempts, no answers to phone calls, incorrect addresses or no home address provided, inability to gain access to a secure building,¹⁹⁶ incorrect information provided about birth hospital, and homelessness leading to difficulty to locate. Other barriers included mothers who would not engage with the social worker's efforts, and either declined services or failed to show for services. Additionally, there were mothers who presented with mental health issues in addition to their substance use that went unaddressed.

Overall, there continued to be good teaming between the social workers and the nurses in terms of assessing and providing relevant referrals and information for services for both the infant and the caregiver. Outside of the five mandatory referrals, there was also a good array of other service and supportive referrals made for mothers, infants, and other family members with each individual family's needs taken into consideration.

Conclusion

Reviewers identified common themes found throughout the positive tox referrals. Their recommendations (listed below) will support the strengthening of practice for this population. Review findings are also a part of CFSA's ongoing examination of the plan of safe care (POSC) for substance-exposed infants and their caregivers. Further, the review findings help to support CFSA's continuous quality improvement efforts.

Identified Themes and Reviewer Feedback

Marijuana Use During Pregnancy

As in previous reviews, the reviewers identified marijuana use during pregnancy for the majority of the newborn positive tox investigations- 84 percent (n=88). Mothers reported using marijuana

¹⁹⁶ CPS staff elevates concerns and makes every effort to access a building to locate a child, including sitting outside of the building until they can gain access. They follow IPOM guidance, as listed under *Client Refusal to Provide Access to a Child, Family or Home*.

while pregnant as an alternative to other treatments to manage pregnancy-related symptoms like morning sickness and related nausea, as well as other physical or mental health conditions as noted below:

- ▶ Loss of appetite
- ▶ Stress
- ▶ Anxiety
- ▶ Depression
- ▶ Heart burn
- ▶ Sleeplessness
- ▶ Anger or symptoms of aggression
- ▶ Pain, including severe pain
- ▶ Grief and loss

There were two cases where the mother reported that she stopped using psychotropic medications during her pregnancy, but “needed” something, and therefore turned to marijuana. There was one case where the mother stated her marijuana use was social. In cases where anxiety was reported, there were reports of use and increased use since the COVID-19 pandemic. The mothers reported that marijuana use began to help with relaxation and to lessen the fear that came with COVID-19 and the related news.

In several cases, the mother reported that her medical doctor was aware of her marijuana use. There were also cases where the mothers indicated that they were not aware that CPS could become involved, given the fact that marijuana use is legal in the District.

In most of the THC cases, the baby was healthy at birth and the cases were closed after the investigation.

Mental Health Concerns and Diagnoses

Reviewers noted an increase in mental health issues and mental health diagnoses of the mother, with high reports of anxiety and depression. Other diagnoses seen in these cases include the following disorders:

- ▶ Bipolar Disorder
- ▶ Schizoaffective Disorder
- ▶ Major Depressive Disorder
- ▶ Post-Traumatic Stress Disorder
- ▶ Borderline Personality Disorder

Mandatory referrals

As noted, the POSC requires that the social worker make routine mandatory referrals within designated timeframes for cases where there is a substance-exposed newborn. However, reviewers found that few cases had timely referrals for all mandatory services, except for the CPS nurse's referral which were made in a timely fashion in most cases.

Visits by CPS Nurses

The POSC is a plan that is designed to ensure the safety and well-being of the substance-exposed infant following their discharge from the hospital. The CPS nurses play a vital role in this effort by further assessing the infant's condition at the time of discharge, especially once they are in the home. The nurses also assess the infants for any ongoing health or safety needs. Across the board for CPS nurse referrals, reviewers noted that the nurses consistently displayed strong practice. They provided a thorough assessment of the infant's current health status and home environment in addition to providing crucial education to the caregivers to further ensure the safety and well-being of the infant (e.g., safe sleep and infant feeding).

The following additional observations were included:

- ▶ Most (if not all) families received two visits before investigation closure.
- ▶ Many cases included at least one in-home visit, despite the public health emergency.
- ▶ Where virtual meetings were conducted, the visual assessments of the child's safety and well-being were clear and detailed.

Recommendations to Further Guide Practice

Provide Education on Marijuana Use During Pregnancy

Find out what guidance, if any, is being provided by the District's medical community (DC Health, local hospitals, medical associations, etc.). What is the current research on the harmful impact of marijuana use during pregnancy? What guidance are medical professionals providing to pregnant mothers about marijuana use while pregnant? Do medical professionals regularly issue warnings about the dangers associated with using this particular drug, or drugs in general?

CPS Training Unit- On the Job Training (OJT)

As part of their on-the-job training (OJT) program, new CPS social workers are assigned investigations involving newborns with positive tox results. For one case, despite the involvement of the lead social worker and the supervisory social worker, neither the intervention plan nor the POSC was completed. Reminders may be beneficial to keep these teams on track for following the POSC process.

Plan of Safe Care Tip Sheet

In several cases, in completing the intervention plan social workers documented statements such as “*mother will stop smoking marijuana.*” These statements do not provide an accountability step to keep the mother on track. Staff can benefit from CPS management reissuing the POSC tip sheet, which advises social workers to create appropriate goals, including SMART goals,¹⁹⁷ that can address the health and substance use needs for the infant, the family, and the caregiver.

To strengthen practice and enhance service provision as needed, CFSA will continue quarterly reviews of these referrals to examine the data and address reviewer recommendations. At present, CPS managers continue weekly monitoring of timely POSC completion. This routine monitoring process has revealed an overall improvement in the number of plans completed. Additionally, the CARA case review team has integrated a feedback look to share recommendations for improvement based on the review findings.

FY 2021 APSR Updates

Changes Made for Implementation of the 2016 Comprehensive Addiction and Recovery Act (CARA)

In May 2020, the Agency director approved revisions to the CFSA Hotline Policy which includes guidance on handling Hotline reports related to substance-affected caregivers and positive toxicology results for newborns, including diagnoses of FASD. The Hotline worker must screen in all such reports and assign the referrals for CPS investigations.

In addition, the Agency director also approved revisions to the CFSA Investigations Policy which includes guidance on the investigation of reports involving newborns with positive toxicology results or FASD diagnoses. The investigations must include a plan of safe care (i.e., an intervention plan) that includes substance use treatment for the caregiver and referrals to appropriate supportive services or other relevant information.

CPS management also ensures that staff members adhere to CARA requirements through weekly monitoring of the plan for safe care, its development, and its documentation. In February 2020, CPS management reissued written guidance set forth in the intervention planning process, the intervention planning template, and the Plan of Safe Care Documentation Tips Sheet to remind and reinforce staff of this important practice.

¹⁹⁷ SMART is the acronym for outlining Specific, Measurable, Achievable, Realistic, and Timely goals. The SMART goals incorporate each attribute to help focus efforts and increase the potential for achieving the identified goal.

To ensure additional guidance, staff can refer to the CPS Hotline Procedural Operations Manual (HPOM) and the CPS Investigations Procedural Operations Manual (IPOM). The HPOM is designed specifically for the Hotline worker and provides practical tips, guidance, and hands-on, step-by-step procedures for receiving calls on the Hotline. The IPOM equally provides practical tips, guidance and step-by-step procedures for investigative social workers giving children the immediate attention they need for their safety and protection, followed by long-range planning for their permanency and well-being. CFSA has updated both manuals and posted the June 2020 versions on the CFSA website.

Monitoring Plans of Safe Care to Determine Whether and in What Manner Local Entities Provide Referrals to and Deliver Appropriate Services for Substance-Exposed Infants and Affected Family Members and Caregivers

With improved practice and regular data collection in place, the Agency moved to holding quarterly CARA data and practice meetings in July 2019. The meetings are held to review the CARA data report developed by CFSA's Performance Accountability & Quality Improvement Administration (PAQIA). The CARA report provides a cumulative monthly and quarterly snapshot of CFSA's efforts to properly address and plan for positive outcomes for substance-exposed infants and their families. The report includes such information as number of Hotline referrals received for infants born with a positive toxicology for drugs or FASD, as well as the type of drug indicated for the toxicology results.

Participants in the quarterly CARA team meetings include staff from CFSA's Office of Planning, Policy, and Program Support; PAQIA; CPS Hotline and Investigations; the In-Home Administration, and the Office of Well Being (i.e., the substance abuse specialist, and CPS nurses). Discussions address any practice and performance updates, any next steps to improve data reporting, and any efforts needed to strengthen practice, training needs, etc. Depending on the item, the CARA team will assign next steps to the appropriate team members for follow up. In FY 2019 the team conducted additional CARA reviews that covered Q2, Q3, and Q4.

CARA CASE REVIEWS

Methodology

During the review window capturing FY 2019 Q2-Q4 (January 2019 to September 2019), the Hotline received and accepted 113 unique referrals on children born with a positive toxicology

test. CFSA applied a 95 percent confidence interval (CI) with a five percent margin of error to the universe of the 113 referrals.¹⁹⁸

Reviewers gathered the data and documented information from FACES.NET and entered the results in a case review survey tool developed via SurveyMonkey. The case review tool included demographic questions on maltreatment type, drug type, and prior history of any other allegations of positive toxicology or FASD. The tool also contained questions on general referral history, safety and risk assessments, the intervention and planning process of the clinical staff (investigative social worker and supervisor, ongoing social worker and CPS nurse), needs of the infants and parents or caregivers, the types of referrals accepted, and services offered. Lastly, the tool included questions on the quality of services provided to the family and the substance-exposed infant.

As a result of April 2019 practice changes (i.e., the end of the DR approach and FA units), the following modifications were reflected in the survey tool:

- ▶ The Agency eliminated the FA track from its DR system. Therefore, all CARA referrals have since been accepted through the investigations track. The Agency removed all FA-related questions from tool.
- ▶ The CARA management report no longer captured the location (e.g., home or hospital) of nurse visits. Rather, the tool captured a cumulative count of visits, i.e., two mandatory visits a month.
- ▶ Similarly, since babies may be discharged prior to a visit to the hospital, the survey tool focused on capturing the number of visits versus location. The tool also focused on the reasons why an infant was not seen (either in the home or hospital).
- ▶ The CARA management report currently captures prior positive-tox referrals and whether a parent or caregiver has prior positive toxicology or substance-abuse referrals, based on these questions being added to the tool.

Summary Findings

Referral Demographics

Of the 95 referrals, 87 percent (n=83) specified a child from birth up to five days old. Ninety-nine percent of the referrals (n=94) included positive toxicology results for a newborn and one

¹⁹⁸The final sample size was 95 referrals for the FY 2019-Q2 through Q4 review. CFSA selected the sample of 95 referrals at random; all referrals selected received an investigation. The Agency distributed the 95 referrals across four case reviewers. This round of case reviews included an overhaul of the case review survey tool, based on updates to practice and the FACES.NET CARA management report INT059. The review tool included additional clarification in definitions of the elements captured in the report. The final sample size was 65 combined for Q2 and Q3. For Q4, the final sample size 33.

percent (n=1) of the children had diagnoses of FASD. In 18 percent (n=17) of the referrals, the infant was exposed to more than one drug.

Safety and Risk Assessment of Family and Infant

- ▶ In 99 percent of the referrals (n=94), the social worker met with the affected parents to assess for safety. Best practices noted visits to the affected parent in the home or hospital. The Agency requested a courtesy check if the caregiver lived out of jurisdiction.
- ▶ In 99 percent of the referrals (n=94), the social worker visited with all substance-exposed infants and in 98 percent of the referrals (n=93) the social worker was able to assess for the safety of all substance-exposed infants.
- ▶ In 96 percent of the referrals (n=91), the social worker or nurse had the required discussion with the caregiver or parent about safe sleeping practices for the infant.
- ▶ In 80 percent of the referrals (n=76), the social worker discussed the elements of the intervention plan with their immediate supervisor.

Completion of Safety Assessment (with plan if needed)

Safety assessments consider the child's immediate danger. In the universe of the 95 referrals, the assessment deemed most infants (86 percent, n=81) as safe. Eight percent (n=8) were determined to be unsafe, and 4 percent (n=4) were safe with a plan. The Agency was unable to assess 2 percent (n=2), usually due to family being out of jurisdiction.

Although the review determined that most infants in the sample were not in immediate danger, the likelihood of future maltreatment by the caregivers was still high-to-intensive.

- ▶ 76 percent (n=72) of the referrals had a risk level of high or intensive versus only 22 percent (n=20) with a moderate risk level. Again, the Agency was unable to assess 2 percent (n=2), usually due to the family being out of the jurisdiction.

Intervention Planning

- ▶ Of the 95 sample referrals, reviewers identified a total of 87 intervention plans that social workers documented as completed (92 percent). Eight referrals (8 percent) had no plan.
- ▶ Of the eight referrals that did not have an intervention plan, three provided a written explanation. Example: "The Virginia CPS department has received and accepted the referral for the family. Out of jurisdiction."

Service Referrals

There are four mandatory service referrals for parents or caregivers with infants who were born with positive toxicology results:

- ▶ CPS nurse referral
- ▶ 0-3 early intervention referral
- ▶ Substance use referral
- ▶ At-Risk/Removal FTM referral

Investigative social workers must complete these referrals within 24 hours of the initial safety assessment.

Of the 95 referrals reviewed, 48 percent (n=46) had a timely CPS nurse referral completed, 42 percent (n=40) had a timely 0-3 Early Intervention referral completed, 34 percent (n=32) had a timely substance use referral completed, and 27 percent (n=26) had a timely At-Risk/Removal FTM referral completed.

CPS Nurse Visits

Two nurse visits are required for positive toxicology referrals. These visits can occur in the hospital before the infant is discharged, or after discharge in the home. Of the 95 referrals reviewed, 81 percent (n=77) had both visits completed. Of the completed visits, the majority occurred in the caregiver's home rather than in the hospital. There were also some nurse visits that occurred in another location. Other locations included the child's pediatrician's office, a patient rehabilitation facility, and CFSA headquarters (after a removal).

For those infants not visited by a nurse in the home or hospital, the following reasons documented:

1. Baby was already discharged from the hospital - no hospital visit (n=38).
2. Baby remained in the hospital - no home visit (n=5).
3. Baby was out of jurisdiction (MD, VA, etc.) with notification of case closure - no visit (n=2).

Quality

Many referrals in the sample highlighted additional steps taken by either the social worker or the nurse to address the safety and well-being of the infant and the needs of the caregivers. These steps included outreach and follow-up with case managers and service providers in a housing program and at a child speech center, as well as follow-up with mental health providers, substance use treatment providers, and home visitation providers. Social workers and nurses documented discussions with caregivers on safe sleep and on the harmful effects of marijuana

smoking during pregnancy as well as the harmful effects of smoking around children. Social workers also provided families with a DC resource list of community services and ensured purposeful connections with extended family of the caregivers so that those extended family members could serve as supportive resources for the infant and the caregiver.

Recommendations

Two key practice recommendations surfaced as part of this review:

- 1. Provide a copy of the intervention plan to parents or caregivers.**

Social workers should be reminded that they must document the fact that they gave a copy of the intervention plan to the parents or caregivers. In most cases, there is evidence that the social worker and caregiver developed the plan together. In such cases, it is logical to conclude that the caregiver would receive a copy of a plan they agreed to follow. Nevertheless, the social worker must document that the parent or caregiver signed and received a copy of the intervention plan.

- 2. Educate families on marijuana use during pregnancy.**

Reviewers noted a trend that may have an impact on future parent education, i.e., in some of the cases, the parent admitted to using THC during pregnancy because of stress or because the use of THC helped generate an appetite or quell nausea. Practice recommendations included educating pregnant women on the impact of THC on their unborn child, even when THC use is presumed to alleviate certain challenges of pregnancy.

Conclusion

The review findings for the 95 sample referrals are part of CFSA's ongoing examination of plans for the safe care for infants born with positive toxicology results, and the support required for their caregivers to ensure child safety. In addition, these findings serve as part of CFSA's continuous quality improvement of the intervention planning for this population. CFSA will continue quarterly reviews of these referrals to examine the data and to enhance and develop practice recommendations and service provision as needed.

Marijuana and Your Baby Pamphlet Development

The Agency continues to see high percentages of newborns with positive toxicology results related to the use of marijuana. Reports indicate that 73 percent of referrals included positive toxicology for THC. In response to the data, CFSA developed educational material for families on the harms related to smoking marijuana while pregnant, nursing and caring for children. CFSA shared the "Marijuana and Your Baby" pamphlet with the DC Department of Health (DOH) for review and feedback. After incorporating the DOH feedback, CFSA finalized the pamphlet, which

is designed for use by CFSA social workers and nurses to share with families. The larger goal will be to coordinate with other District government family-serving agencies so these agencies can also distribute the information to pregnant or parenting caregivers.

FY 2022 APSR Updates

Marijuana and Your Baby Pamphlet Development

On April 29, 2021, CFSA's Office of Public Information (OPI) released digital versions of the Marijuana and Your Baby Pamphlet to staff for distribution to clients. The pamphlet was provided in English and Spanish with the following communication which included links to access the pamphlet:

As the agency charged with child welfare in the District, it is important that we support the parents in our community with accurate information to help them make informed decisions regarding their children's well-being.

*With funding from the DC Children's Justice Act Task Force, staff from **Entry Services, OWB, and OPPPS have developed the Marijuana and Your Baby pamphlet.** This new resource offers readers support while informing them about the effects of marijuana use while pregnant, breastfeeding, and/or caring for children.*

Share This Information with Families and Agency Partners

Using this tool, staff should have thoughtful conversations about marijuana use with the following clients:

- ▶ All expecting and new parents
- ▶ Parents, kin, and friends using marijuana or any drug who may share a bed with infants
- ▶ All parents of newborns with a positive toxicology report
- ▶ Parents who are expecting or who have a child under the age of one (mothers and fathers) and are known to smoke marijuana
- ▶ Pregnant mothers or mothers with children under the age of one in an open case or investigation where there is known substance use in the history
- ▶ Breastfeeding mothers with known substance use

A similar email was released to the Healthy Families Collaboratives, Family Success Centers, and other providers, by the Community Partnerships Administration. Hard copies of the pamphlets will be available in May 2021.

FY 2022 APSR Updates

CARA Review of In-Home Cases

In March 2021, CFSA began an initial review of In-Home cases to further examine the child welfare practice response to substance exposed newborns and their caregivers, to include the ongoing monitoring of the goals established in the POSC. All needs identified in the initial POSC developed by CPS, must be incorporated into the case plan.

As a continuation of the work done by the CPS worker, the In-Home social worker must work to ensure the family or caregiver is receiving the treatment and appropriate services required by the POSC and that the infant is safe and receiving appropriate care. The In-Home social worker should also confirm that the services identified in the POSC are appropriate for the ongoing health and substance use treatment needs of the infant and family. The family's progress and the efficacy of the POSC must be documented in the contact notes.

The final report will examine the following In-Home Practices:

- ▶ The assessment of safety and risk
- ▶ Community Nurse referral and visits
- ▶ Pre case transfer staffing (PCTS) process
- ▶ Partnering Together Conference (PTC)
- ▶ Concurrent Kin Planning
- ▶ Connecting the family to needed appropriate/additional resources

Technical Assistance Needed to Support Effective Implementation of CARA Provisions.

Presently, CFSA cannot identify any specific need for technical assistance related to CARA's implementation. CFSA will continue to conduct monthly data meetings, case reviews, and ongoing analyses.

CFSA did not use the increased CAPTA funding to develop, implement and monitor plans of safe care as CFSA has internal measures in place that did not require any additional funding.

MAYOR'S ASSURANCE STATEMENT THAT THE STATE IS IN COMPLIANCE WITH THE PROVISIONS OF SECTION 106(B)(2)(B)(VII)

The Mayor's Assurance Statement is attached.

DISTRICT OF COLUMBIA STATE LIAISON OFFICER – CAPTA COORDINATOR

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FY 2022 APSR Update

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F. STATISTICAL AND SUPPORTING INFORMATION

CAPTA ANNUAL STATE DATA REPORT ITEMS

THE EDUCATION, QUALIFICATIONS, AND TRAINING REQUIREMENTS FOR CHILD PROTECTIVE SERVICE (CPS) PROFESSIONALS

CFSA’s requirements for hiring child welfare professionals are listed below. Social workers must have a master’s degree in social work from an accredited college and licensing certification from the DC Board of Social Work examiners. In order to advance to supervisory positions, social workers must obtain a licensed clinical social worker certification from the Board and have a minimum of two years of experience in the field of child welfare.

Family Support Workers

Grade 9 Qualifications: Bachelor’s degree

Social Workers

Grade 9 Qualifications: Entry Level – Master of Social Work (MSW) and Licensed Graduate Social Worker (LGSW)

Grade 11 Qualifications: MSW and LGSW, 1-3 years of experience in child welfare social work

Grade 12 Qualifications: MSW and LICSW, 3-5 years of experience in child welfare social work

Supervisors

Grade 13 and 14 Qualifications: MSW and LICSW, five years of experience in child welfare social work, and one year of supervisory experience

Child Protective Service (CPS) Professionals are required to complete at least 80 hours of pre-service training hours, addressing the following topics:

- ▶ Foundations for Effective Child Welfare Practice
- ▶ Family-Centered Practice
- ▶ From Prevention to Permanence
- ▶ Teaming with the Legal System
- ▶ Danger and Safety Assessment
- ▶ CPS Practice Operations
- ▶ Worker Safety
- ▶ Child Passenger Safety
- ▶ FACES.NET training

In addition to classroom training, CFSA Entry Services has a training supervisor who provides on-the-job training and application of concepts and skills learned during the classroom training. The classroom training and on-the-job training alternates weeks.

Also required is 30 hours of annual in-service training. Included in the 30 hours of in-service training in 2018 and 2019 was a re-training for Investigations practice in 2018 and 2019 for all Child Protection Services staff.

DEMOGRAPHIC INFORMATION OF CFSA CHILD PROTECTIVE SERVICES STAFF

FY 2022 APSR Update

Demographic data on Child Protective Services (CPS) staff below is as of April 30, 2021.

Race							
Job Title	Black	White	Hispanic	Asian Indian	Asian or Pacific Islander	Not Reported	Total
Family Support Worker	16	0	1	0	0	2	19
Social Worker	71	12	1	0	2	12	98
Supervisory Family Support Worker	0	1	0	0	0	0	1
Supervisory Social Worker	17	6	1	1	0	4	29
Total	104	19	3	1	2	18	147

Gender			
Job Title	Male	Female	Total
Family Support Worker	13	6	19
Social Worker	15	83	98
Supervisory Family Support Worker	1	0	1
Supervisory Social Worker	2	27	29
Total	31	116	147

CASELOAD OR WORKLOAD REQUIREMENTS FOR CPS PERSONNEL

CFSA’s best practice standard for caseload requirements of CPS social workers is a maximum of 12 referrals. Each supervisor on average has four social workers on their team.

FY 2022 APSR Update

CFSA requires that 90 percent of CPS social workers have caseloads of 12 or fewer referrals and that 10 percent of CPS social workers can carry between 13 and 15 referrals. CFSA met all caseload benchmarks. Each supervisor on average has four social workers on their team.

JUVENILE JUSTICE TRANSFERS

CFSA and the District’s Department of Youth Rehabilitation Services (DYRS) jointly address challenges and concerns of “dual-jacketed” youth who are tracked and served by both the foster care system and the juvenile justice system. Rather than transfer custody of youth in foster care to the state juvenile justice system, CFSA retains custody of youth in foster care until they exit

the foster care system, either by achieving permanency, aging out, or having their commitment terminated by court order.

CFSA collaborates with DYRS to determine the number of youth who are dual-system involved. As of January 11, 2019, there were seven foster care youth with cases involving a dual jacket of neglect, juvenile delinquency, or PINS (persons in need of supervision).

FY 2022 APSR Update

As of October 1, 2020, 11 DYRS youth were identified as being CFSA involved. Of those 11 youth, five had an open foster care case. All five youth identified as African-American males. The average age was 17 years old. These five youth have been in care between 2 to 8 years with a range of 4 to 20 placements during their most recent foster care episode. Three youth had a goal of guardianship, one had the goal of reunification, and another had the goal of APPPLA.

FY 2021 APSR Update

As of March 31, 2020, there were 11 youth with a placement type of “correctional facility” and were provided services through the DC Department of Youth Rehabilitation Services (DYRS) and CFSA. CFSA continues to validate data with DRYS on an annual basis.

EDUCATION AND TRAINING VOUCHERS

Please see Attachment F for ETV awards for school years 2017-2018 and 2018-2019.

FY 2022 APSR Update

Please see Attachment D for Education and Training Vouchers awards for school years 2019-2020 and 2020-2021.

FY 2021 APSR Update

Please see Attachment D for Education and Training Vouchers awards for school years 2018-2019 and 2019-2020.

INTER-COUNTRY ADOPTIONS AND ADOPTION DISRUPTIONS

As stated earlier, CFSA does not conduct inter-country adoptions, but does handle adoption disruptions that occur for residents of the District. Adoption disruptions On October 1, 2018, CFSA had 158 licensed traditional/adopt foster homes. CFSA licensed 34 new foster homes between October 1, 2018 and September 30, 2019. Of those 192 homes, 142 remained licensed and 50 were closed, for a retention rate of 90 percent and an increase of 16 percentage points from last year. Additionally, 22 adoptive homes were converted to traditional licenses for a total of 164 homes by the end of FY 2019.

are handled as a normal Agency CPS removal. As of the end of FY 2018, there were 15 adoption disruption cases. Of those 15 cases, three of the children entered care in FY 2018. One of the three cases began as an inter-country adoption. This child was adopted from Ethiopia through the Children's Home Society. The remaining 14 children were adopted in the District. The reasons for these adoption disruptions were neglect - unable or unwilling to provide care - and physical abuse.

FY 2022 APSR Update

As of the end of FY 2020, there were 9 adoption disruption cases. Of those 9 cases, one child entered care in FY 2020. None of those cases were an inter-country adoption. The adoptions for all nine children occurred in DC. Reasons for adoption disruptions and entering care included four cases where the caregiver was no longer willing to provide care due to the child's behaviors, one case of inadequate supervision, one caregiver unwilling to provide care, two cases of physical abuse, and one case that had two reasons listed of inadequate supervision and unwilling to provide care due to the child's behaviors.

FY 2021 APSR Update

As of the end of FY 2019, there were 11 adoption disruption cases. Of those 11 cases, six children entered care in FY 2019. None of those cases were an inter-country adoption. The adoptions for 10 of the 11 children occurred in DC while one child's adoption occurred in another state. Reasons for the adoption disruptions included physical abuse, neglect, child behavior problems, abandonment, and a caregiver's inability to provide care.

MONTHLY CASEWORKER VISIT DATA

CFSA continues to collect and report data on monthly caseworker visits with children in foster care. Data for FY2018 will be submitted to CB by December 16, 2019.

FY 2022 APSR Update

CFSA will submit Monthly Caseworker Visit Data for FY 2021 to the Children's Bureau by December 15, 2021.

FY 2021 APSR Update

CFSA will submit Monthly Caseworker Visit Data for FY 2020 to the Children's Bureau by December 15, 2020.

G. FINANCIAL INFORMATION

FY 2022 APSR Update

Payment Limitations – Title IV-B Subpart 1

Since FY 2005, CFSA has not spent Title IV-B, subpart 1 funds on child care, foster care maintenance, or adoption assistance payments. CFSA will not spend any Title IV-B subpart 1 funds on those activities in FY 2022. The non-federal match comparison requirements between FY 2005 and FY 2021 are therefore not applicable to the District of Columbia. CFSA does not spend any Title IV-B, subpart 1 funds on administrative costs, as is reflected in the attached CFS-101, Parts I and II reports.

Payment Limitations – Title IV-B Subpart 2

Under the areas of Title IV-B, subpart 2, Promoting Safe and Stable Families Program (PSSF) (see CFS-101 Part I), CFSA has allocated 40 percent of total expenditures to community-based family support (i.e., prevention and support services). The goals of child safety, permanency, and wellbeing are strongly supported by preventive services that use community-based resources to ensure child safety and support, to strengthen families, and to prevent children from coming into the child welfare system. The remaining PSSF expenditures are equally distributed (20 percent) among family preservation, time-limited family reunification, and adoption promotion and support services.

CFSA does not spend any Title IV-B, subpart 2 funds (including Monthly Caseworker Visitation funds) on administrative costs, as is reflected in the attached CFS-101, Parts I and II reports.

CFSA's FY 2019 local share expenditure amount for the purposes of Title IV-B, subpart II was more than \$330,000. The District's 1992 base year amount was \$270,000. Thus, the District meets the non-supplantation requirements in section 432(a)(7)(A) of the Act.

FY 2021 APSR Update

Payment Limitations – Title IV-B Subpart 1

Since FY 2005, CFSA has not spent Title IV-B, subpart 1 funds on child care, foster care maintenance, or adoption assistance payments. CFSA will not spend any Title IV-B subpart 1 funds on those activities in FY 2021. The non-federal match comparison requirements between FY 2005 and FY 2020 are therefore not applicable to the District of Columbia. CFSA does not spend any Title IV-B, subpart 1 funds on administrative costs, as is reflected in the attached CFS-101, Parts I and II reports.

Payment Limitations – Title IV-B Subpart 2

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wellbeing are strongly supported by preventive services that use community-based resources to ensure child safety and support, to strengthen families, and to prevent children from coming into the child welfare system. The remaining PSSF expenditures are equally distributed (20 percent) among family preservation, time-limited family reunification, and adoption promotion and support services.

CFSA does not spend any Title IV-B, subpart 2 funds (including Monthly Caseworker Visitation funds) on administrative costs, as is reflected in the attached CFS-101, Parts I and II reports.

CFSA's FY 2018 local share expenditure amounts for the purposes of Title IV-B, subpart II was at least \$370,000. The District's 1992 base year amount was \$270,000. Thus, the District meets the non-supplantation requirements in section 432(a)(7)(A) of the Act.